

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Amrhein

Town

Banton

County

Baltimore

MARYLAND

Died at

Date

of death 1905

Month

Nov.

Day

2nd

Years

Age 53

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co. Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of ~~Wife or~~
Husband

Joseph Amrhein

Father's
Name

Caspar Fischer

Father's
Birthplace

Germany

Mother's
Maiden Name

Catherine Hee

Mother's
Birthplace

Germany

Name of person giving
In formation

Bernard Amrhein

How related
to deceased

Son

CAUSES OF DEATH

Primary

Unrestricted

How long

17 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. J. Williams, D.M.
115 8 Chesapeake

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery

Nov. 6th 1906

Germanus Thane

Undertaker

Name
in
Full

Nicholas Bartice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hamilton</i>		^{County} <i>Bullo</i>		MARYLAND	
Date of death	190	Month	<i>Nov.</i>	Day	2
Age		Years	67	Months	—
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Portugal</i>
Occupation	<i>Servant</i>		Where Residing if not at place of death —		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband —			
Father's Name	<i>rob Kunnin</i>			Father's Birthplace	—
Mother's Maiden Name	" "			Mother's Birthplace	—
Name of person giving information	<i>Mrs. Kilchenstein</i>			How related to deceased	<i>no relation</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>mitral regurgitation</i>	How long	—
Immediate	<i>mitral regurgitation</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Geary G. Long, Jr., M.D.</i>	
Address		<i>Hamilton, Ind</i>	
Accident or Suicide?			

Hedy Cross.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Reformat</i> ^{Town}		<i>Baltimore Co</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>Nov</i> ^{Month}	<i>29</i> ^{Day}	<i>46</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore Md.</i>
Occupation	<i>Contractor</i>		Where Residing if not at place of death	<i>Baltimore Md.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Unknown</i>	
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>"</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Recd Mt Hope Reformat</i>			How related to deceased	<i>Not at all</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mania - Post Paralysis</i>	How long	<i>abt 11 mos.</i>
Immediate	<i>Ex Cerebral Congest. Convulsions</i>	How long	<i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank J. Flannery</i>
		Address	<i>Mt Hope Reformat Baltimore Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marie Becker</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death 190 <i>5</i>		Month <i>Nov.</i>		Day <i>3</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>1</i>		Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mo.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry Becker</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Jennie Meiring</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving Information <i>Henry Becker</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>1 week</i>
Immediate <i>4</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Spicknall</i>
	Address <i>14 N. Patterson PH. Ave.</i>
Accident or Suicide?	

101. M^cAvoy.

" Spicknall.

~~1068 W~~

1605

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

David E. Beehler

Mt Hope

Town

Month

Nov

Day

22

Age

Years

69

County

Balto.

MARYLAND

Months

—

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

Clerk

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Epileptic Mania

How long

20 yrs

Immediate

Epileptic Spasm

How long

Few moments

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. B. Eusee M.D.

Address

Mt Hope Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <u>Arthur E. Bell</u>		County <u>Balto</u>		MARYLAND	
Died at <u>Arlington</u> Town		County <u>Balto</u>			
Date of death 190 <u>5</u>	Month <u>Nov</u>	Day <u>8</u>	Age <u>67</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ohio</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Laborer</u>			
Name of Wife or Husband					
Father's Name <u>unknown</u>		Father's Birthplace			
Mother's Maiden Name <u>unknown</u>		Mother's Birthplace			
Name of person giving information <u>Sam Scott</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Exposure</u>	How long <u>64</u> years
Immediate <u>Apoplexy</u>	How long <u>8 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. Edwin E. Jones</u>
<u>Yes</u>	Address <u>Arlington Md</u>
Accident or Suicide?	

National Cemetery

Baltimore Md.

Stewart & Mowen

215 Park Ave

Baltimore Md.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		11	2	74		1	28
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	Retired Merchant			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
John Boker				Jennie E. Yates			
Father's Name	John Boker			Father's Birthplace			
Baltimore				Mother's Birthplace			
Mother's Maiden Name	Mary D. Pass.			Baltimore			
Name of person giving information	Lellie Stewart			How related to deceased			
Daughter							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	12 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. F. Hurdock	
Address		Sto E. City.	
Accident or Suicide?			



Name
in
Full

Margaret Bomme

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seedome</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Nov</i> ^{Month}	<i>19</i> ^{Day}	Age <i>54</i> ^{Years}	<i>7</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Bentalou St</i>		
Married, <i>Single</i> or Widowed		Name of Wife or Husband <i>Paul J. Bomme</i>			
Father's Name <i>Henry Fink</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Elizabeth</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Elizabeth Kaufman</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial Regurgitation</i>	How long <i>11 days</i>
Immediate <i>Congestion of Lungs</i>	How long <i>3 " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Loney</i>
	Address <i>110 S. Gilmore St</i>
Accident or Suicide?	

London Park
Jos. B. Cook

Name
in
Full

Vernon Baynes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Walters RD		County Baltimore		MARYLAND	
Date of death	1905	Month Nov	Day 27	Age Years	—	Months	Days 15
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Jacob Baynes					Father's Birthplace	Ind
Mother's Maiden Name	Catherine White					Mother's Birthplace	Ind
Name of person giving In formation	Jacob Baynes					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Convulsions		How long	One week
Immediate	Asphyxia		How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				



Name in Full Anna Brown		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cross Keys <small>Town</small> Balto Co <small>County</small>	MARYLAND	
	Date of death 1905 <small>Year</small> 26 <small>Month</small> Nov <small>Day</small> Still Bth <small>Age</small>	— <small>Months</small>	— <small>Days</small>
	Sex Female	Color or Race colored	Birth-place Cross Keys
	Occupation Infant	Where Residing if not at place of death Cross Keys	
	Married, Single or Widowed Single	Name of Wife or Husband —	
	Father's Name Nathan Brown	Father's Birthplace MD	
	Mother's Maiden Name Anna Francis	Mother's Birthplace MD	
Name of person giving information Nathan Brown	How related to deceased Father		
#684		CAUSES OF DEATH	
PHYSICIAN OR CORONER	Primary	Still birth S.	
	Immediate	—	
	Are the name, age, sex, color, date and place correctly given above?	yes	
	Signature of Physician	M. Gibson Porter	
	Address	Roland Park Md	
Accident or Suicide?			

John Churs L Sherwood
Nov 28 - 05 Bath Co. Md

A S Marshall
3539 Falls Road

Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bosley</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>11</i> <small>Month</small>	<i>24</i> <small>Day</small>	<i>38</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Hotel Keeper</i>		Where Residing if not at place of death <i>Bosley, Balto. Co.</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jennie M. Brown</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Artan T. Singer</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>About 24 days</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. F. Cursey M. D.</i>
	Address <i>Texas, Md.</i>
Accident or Suicide? <i>—</i>	

~~Thomas P. Brown~~

John Burns Sons

Prospect Hill

Taunton

Name
in
Full

Mrs. Mollie Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>23</i>	Years <i>27</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>America</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Buckley</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary

Multiple Neuritis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

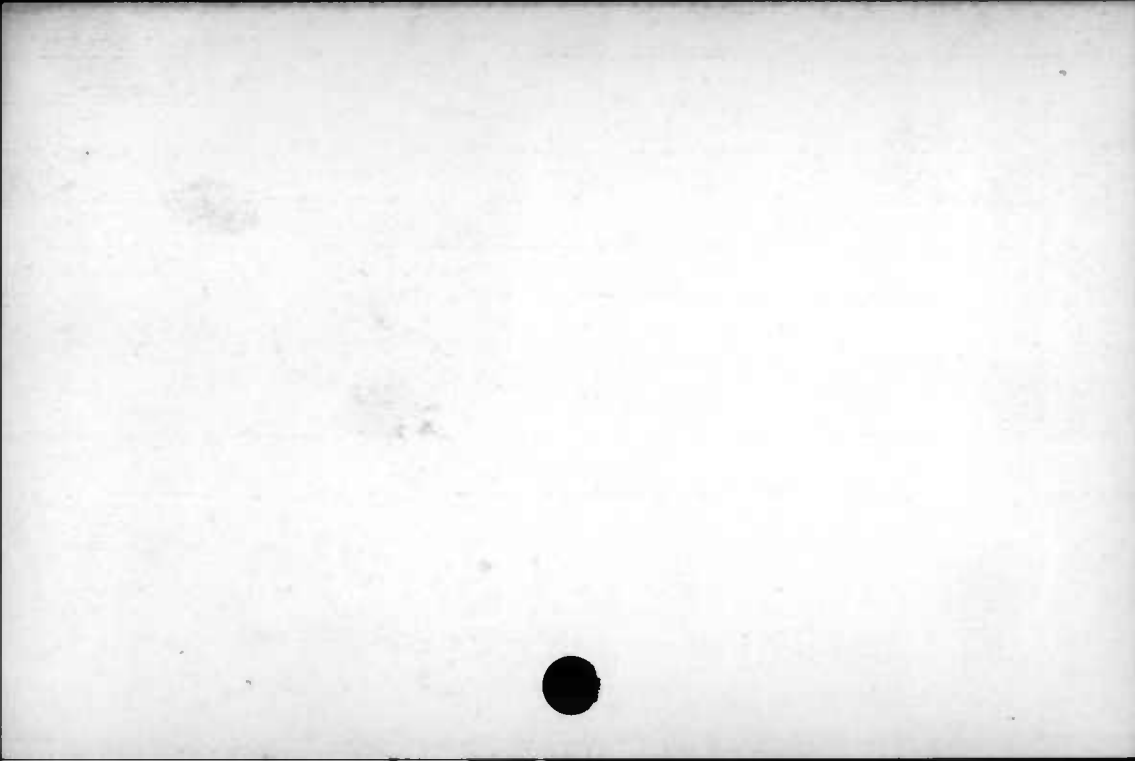
Yes

Signature of Physician

Address

Frank W. Drayman
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John J. Carey*
North Hope Retreat

Town

County

Baltimore

Date

of death *1905*

Month

Nov

Day

12

Age

Years

33

Months

Days

unknown unknown

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore*

Occupation

*Blacksmith*Where Residing, not
at place of death*Baltimore City*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John J. Carey*Father's
Birthplace*Ireland*Mother's
Maiden Name*unknown*Mother's
Birthplace*"*Name of person giving
information*Records of Mt Hope*How related
to deceased*Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Meningitis

How long

Not known here

Immediate

Meningeal Coma & Convulsions

How long

*3 or 6 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Frank J. Flannery*

Address

*North Hope Retreat
Baltimore Md.*~~Accident or Suicide?~~



Name
in
Full

CERTIFICATE OF DEATH

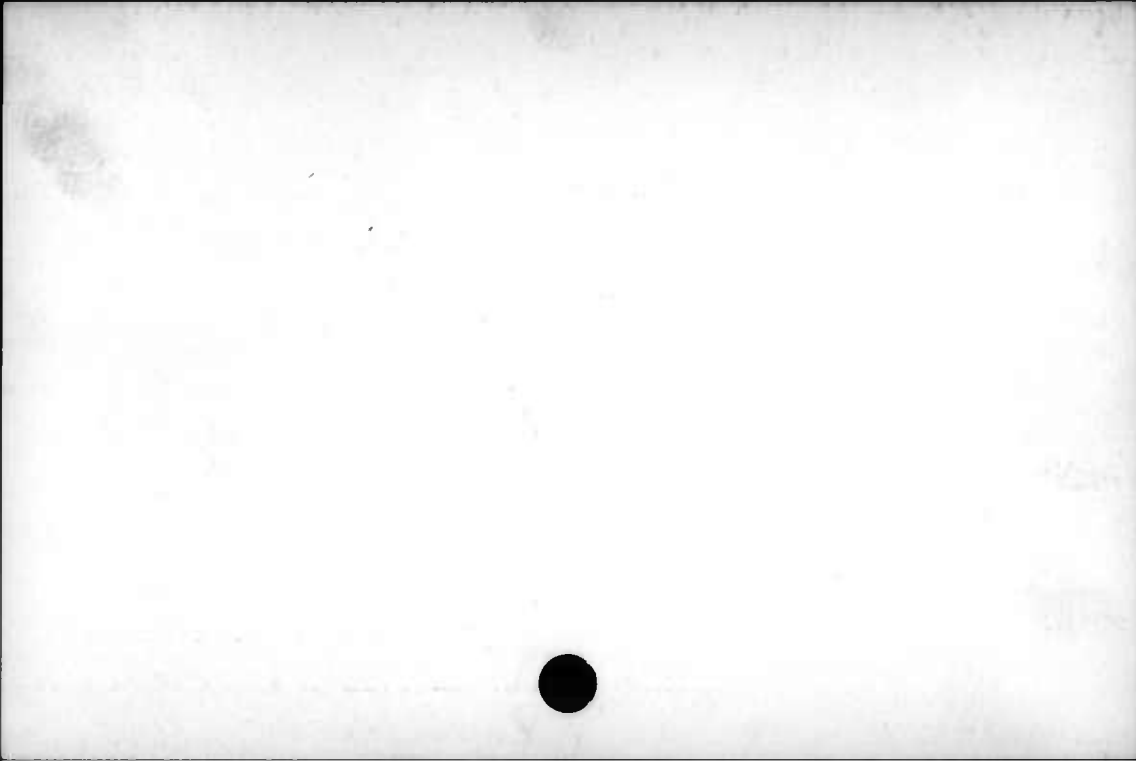
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name in Full		Henry Carry				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Baltimore		County		MARYLAND		
	Date of death	1905	Month	Nov.	Day	13	Age	43
	Sex	Male		Color or Race	White		Birth-place	Philadelphia Pa.
	Occupation	Stone cutter			Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband	Elizabeth Kingzy Carry			
	Father's Name	Hiram Carry				Father's Birthplace	Pa.	
	Mother's Maiden Name	Hasselt Schaffer				Mother's Birthplace	Pa.	
Name of person giving information	Gertrude Wallace (Sister)				How related to deceased	Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia				How long	7 days	
	Immediate	Cardiac sufficiency				How long	one day	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				David W. Jones			
Address				3116 O'Donnell St.				
Accident or Suicide?								

Schwartz's Cemetery

Germanus France

Nov-15th 1905.

Name in Full		Fannie Church				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ellicott City		Baltimore		MARYLAND	
	Date of death	190	Nov	6	Age	6	Months 5 Days 2
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Jeff Jay				Father's Birthplace	Pa
	Mother's Maiden Name	Clara Green				Mother's Birthplace	
	Name of person giving information	Lennette Church				How related to deceased	Adopted Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Drinking an Excess of Wine				How long	few hours
	Immediate	Alcohol Poisoning.				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				Charles Welsh J.P. Ellicott City Md Elcheater,			

Nov 7th / 05

Dr. Chas. Mott

Dr Sir I have thoroughly
investigated the death of this child
and believe the cause to be from drinking a
lot of wine in the absence of its mother
therefore deem an inquiry unnecessary

Chas. Mott

Name
in
Full

William H. Clagett

CERTIFICATE OF DEATH

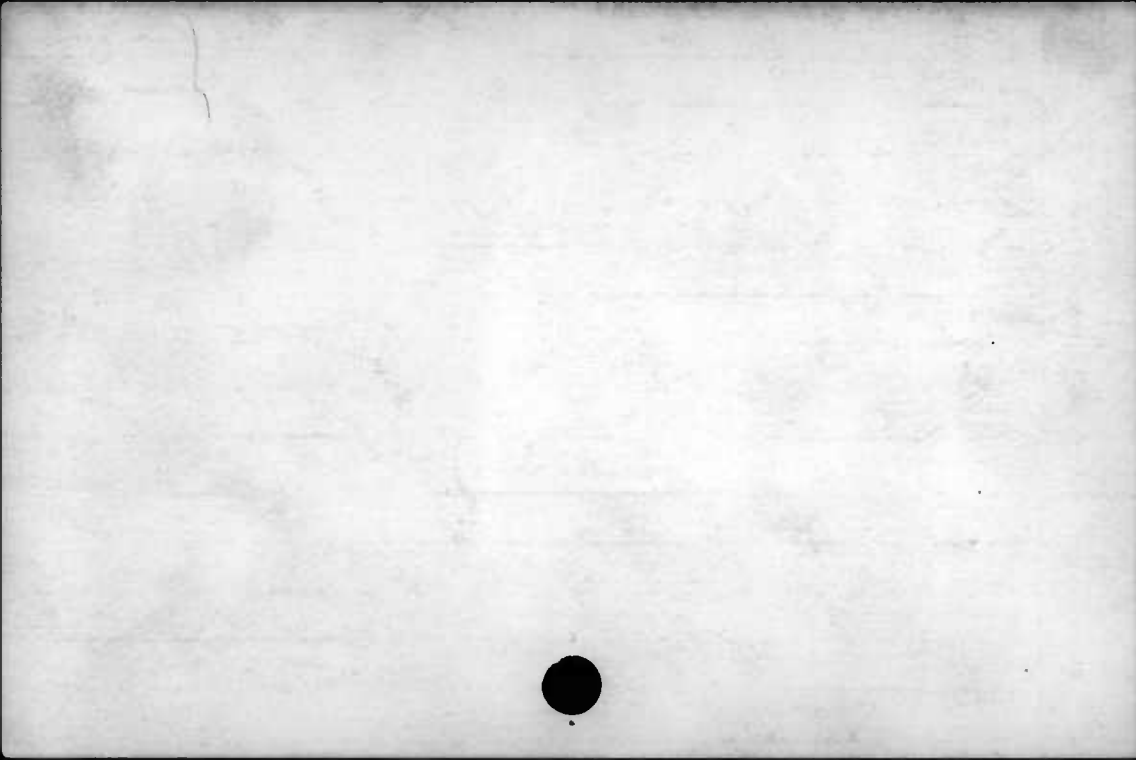
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov.	5.	Age 19.		11	
Sex		Color or Race		Birth-place			
Male.		white		Maryland.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
J. A. Clagett		Balto Co. Md.					
Mother's Maiden Name		Mother's Birthplace					
Annie E. Hohman		Balto Co. Md.					
Name of person giving information		How related to deceased					
John A. Clagett		Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	8 weeks
Immediate	Hemorrhage & Refraction	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Smith
Yes		Address	Woodlawn St
Accident or Suicide?			Not.



Name
in
Full

Emma Cole

CERTIFICATE OF DEATH

MARYLAND

Died at Cross Keys

Town

Balto.

County

Date

of death 190

Month

Nov.

Day

25

Years

Age

17

Months

Days

Sex

female

Color or
Race

Col

Birth-
place

Cross Keys

Occupation

At Home attends school

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jonas Cole

Father's
Birthplace

Antonville Balto.

Mother's
Maiden Name

Jennie Cole

Mother's
Birthplace

Cross Keys

Name of person giving
In formation

Lavinia Smith

How related
to deceased

Neighbor

CAUSES OF DEATH

Primary

Pneumonia

How long

2 wks

Immediate

Pleu Pulmonary Thrombosis

How long

3 w hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W Grant Holt

Address

304 N. Bidwell St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Laurel County Baltz

Nov. 27-05

A. S. Marshall

3539 Falls Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maria C. Conlon* Town *Retreat* County *Baltimore*
 Died at *Wt Hope*
 Date of death *190* Month *Nov* Day *21st* Age *12* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *W. Va*
 Occupation *None* Where Residing if not at place of death *Elk Garden W. Va*
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *"* Mother's Birthplace *"*
 Name of person giving information *Reads Wt Hope Retreat* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Pleuro-Pneumonia* How long *3 or 4 days*
 Immediate *Ex-Cardiac* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Frank J. Flannery
Wt Hope Retreat -
Wt Hope Md

Accident or Suicide?



Name
in
Full

Peter Munfort Conrad

CERTIFICATE OF DEATH

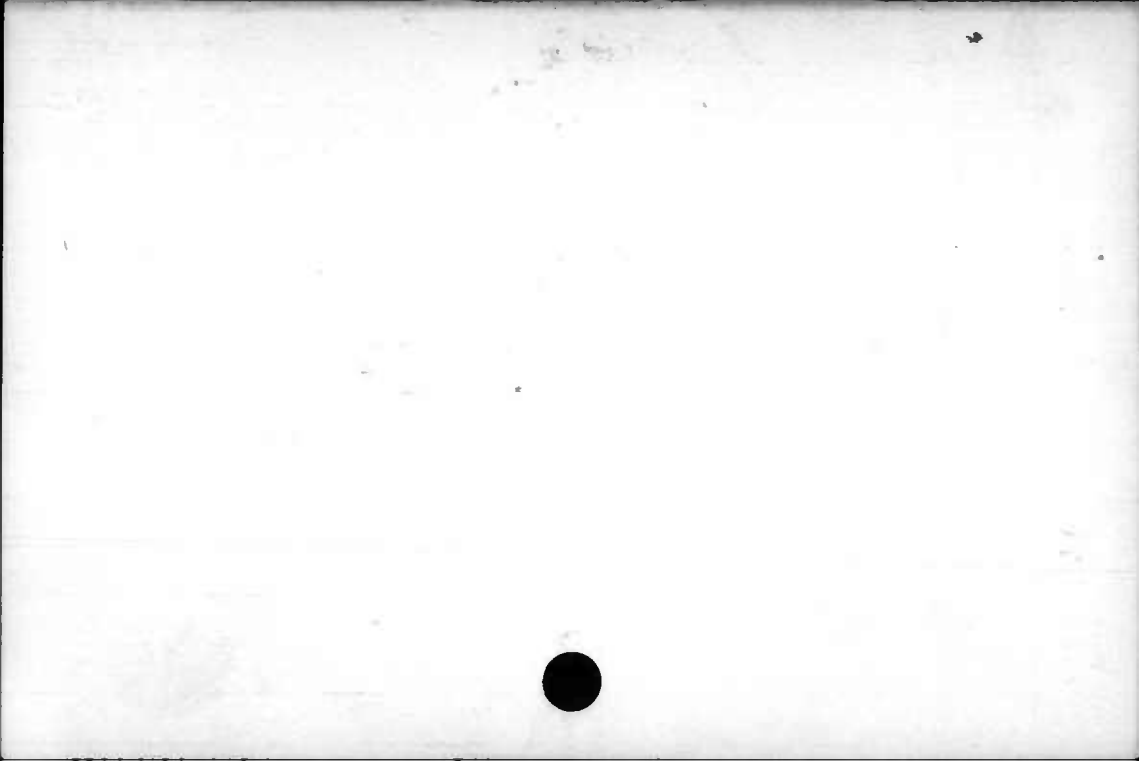
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 19 <i>05</i>	Month <i>Nov</i>	Day <i>30</i>	Years <i>65</i>	Months <i>1</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md. Manchester</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Catherine V. Conrad</i>					
Father's Name <i>Solomon Conrad</i>			Father's Birthplace		
Mother's Maiden Name <i>Munfort</i>			Mother's Birthplace		
Name of person giving information <i>Lorena C. Gilling</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis, Circulatory</i>	How long <i>One Year</i>
Immediate <i>Edema of the Lungs</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gorrell, D.</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rayville Md</i>		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>5</i>		Month <i>11</i>	Day <i>26</i>	Age <i>72</i> Years	Months <i>3</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Benjamin T. Cooper</i>					
Father's Name <i>Joseph Kamesher</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Elizabeth Mathews</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Benjamin T. Cooper</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>for 1 Year</i>
Immediate <i>Heart Syncope</i>	How long <i>few moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Moukton, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Naoma May Crutchley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Govanstown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	<i>Nov</i>	Day	8
Age	2	Years	6	Months	7
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore</i> ^{City}
Occupation	<i>child</i>	Where Residing if not at place of death <i>Govanstown Md</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Harry C. Crutchley</i>			Father's Birthplace	<i>Sandy Hook</i> ^{Md}
Mother's Maiden Name	<i>Naoma G Emminger</i>			Mother's Birthplace	<i>Christfield</i> ^{Ind}
Name of person giving information	<i>Harry C Crutchley</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>	How long	<i>24 hours.</i>
Immediate	<i>Convulsions</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. C. Bessard</i>
Accident or Suicide?	<i>—</i>	Address	<i>Sta 16 (Govans) Balto. Md</i>

Burial at,
Western Cemetery
Friday Nov 10/1905
William Cook
502 E. North St

D. Massenberg
Drug Store
Harrison.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie F. W. Courley</i>		Town <i>Govans</i>		County <i>Baltimore</i>		MARYLAND	
Died at							
Date of death	1905	Month	November	Day	1	Years	37
Sex	Female		Color or Race	White		Months	6
Birth-place					Days 19		
Occupation	None		Where Residing if not at place of death		<i>Govans, Md.</i>		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<i>Henry R. Courley</i>				Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Sarah Winterhater</i>				Mother's Birthplace	<i>Delaware</i>	
Name of person giving information	<i>Peter A. Steeg</i>				How related to deceased	<i>Brother-in-law</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Broken Spine</i>	How long	<i>One hour</i>
	Immediate	<i>Face from 3rd story window which broke spine</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Michael P. Stehob D.P.</i>
	Address	<i>Govans, Md.</i>		
	Accident or Suicide?	<i>Accident</i>		

Cathedral Cemetery

Henry W. Mears ^{and Son}

of 805 N. Calvert St

Balto.

Name
in
Full

CERTIFICATE OF DEATH

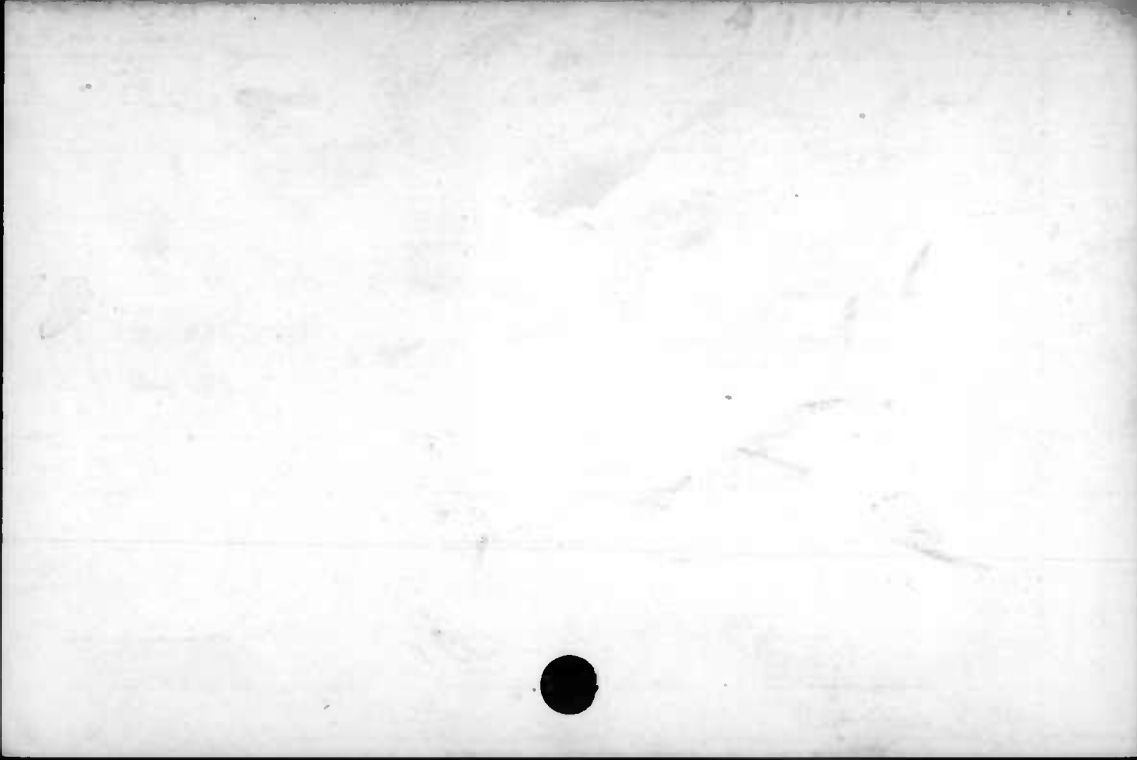
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William H. Dawson</i>		Town <i>Greenwood</i>		County <i>Balto.</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>20</i>		Age <i>74</i>	
Date of death <i>1905</i>		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Mrs. Emma L. Dawson</i>					
Father's Name <i>Vinson Dawson</i>		Father's Birthplace <i>Harford Co.</i>					
Mother's Maiden Name <i>Shelotta Haile</i>		Mother's Birthplace <i>Balto. Co.</i>					
Name of person giving information <i>wife</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart trouble</i>	How long	<i>3 mos.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>V. S. Green</i>	
		Address <i>Guttings</i>	
Accident or Suicide?		<i>Balto Co. Md.</i>	



Name

in
Full

CERTIFICATE OF DEATH

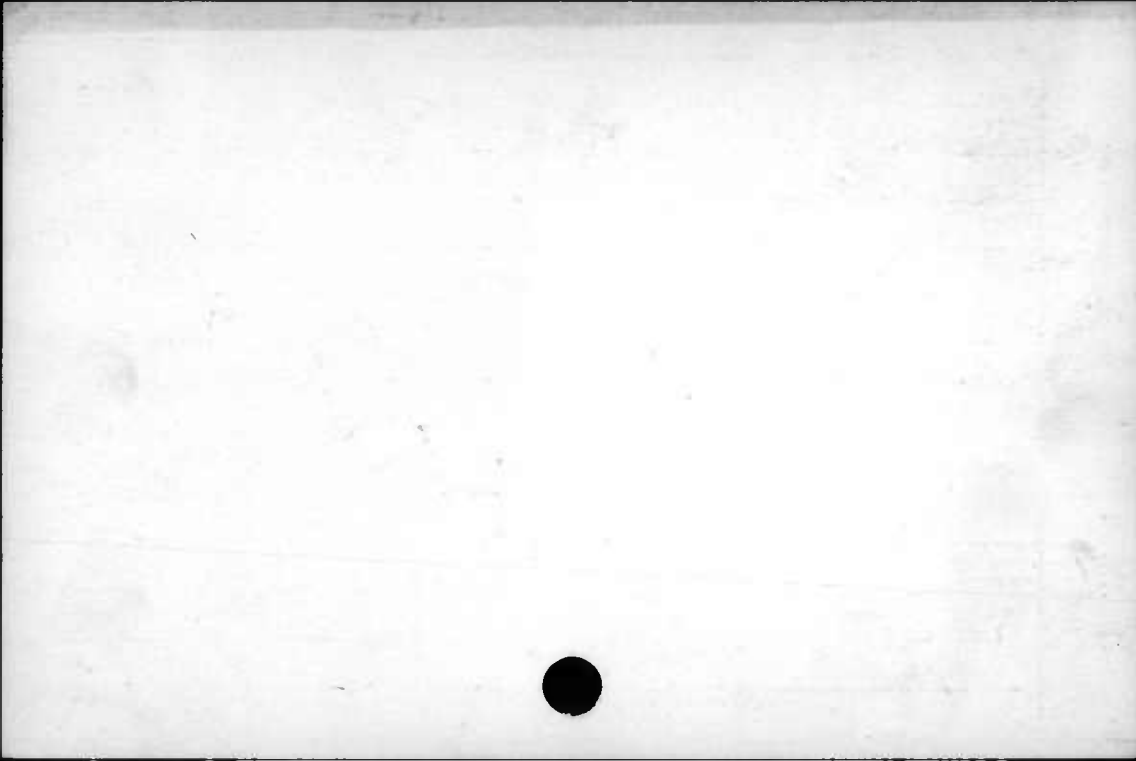
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laura C. Ogles Day</i>		Town <i>Upper Falls.</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Upper Falls.</i>		Month <i>Nov.</i>		Day <i>21st</i>		Years <i>79</i>	
Date of death <i>1905</i>		Months <i>6</i>		Days <i></i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware.</i>			
Occupation <i>Gentlewoman.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Edward. H. Day</i>					
Father's Name <i>Capt. Eow. Oldham.</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary A. Ogles.</i>		Mother's Birthplace <i>Delaware.</i>					
Name of person giving information <i>Mary Forman Day</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral softening</i>	How long <i>several years</i>
Immediate <i>General failure of vital power</i>	How long <i>many months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Meyer M.D.</i>
	Address <i>Franklin</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Wilson Jett

CERTIFICATE OF DEATH

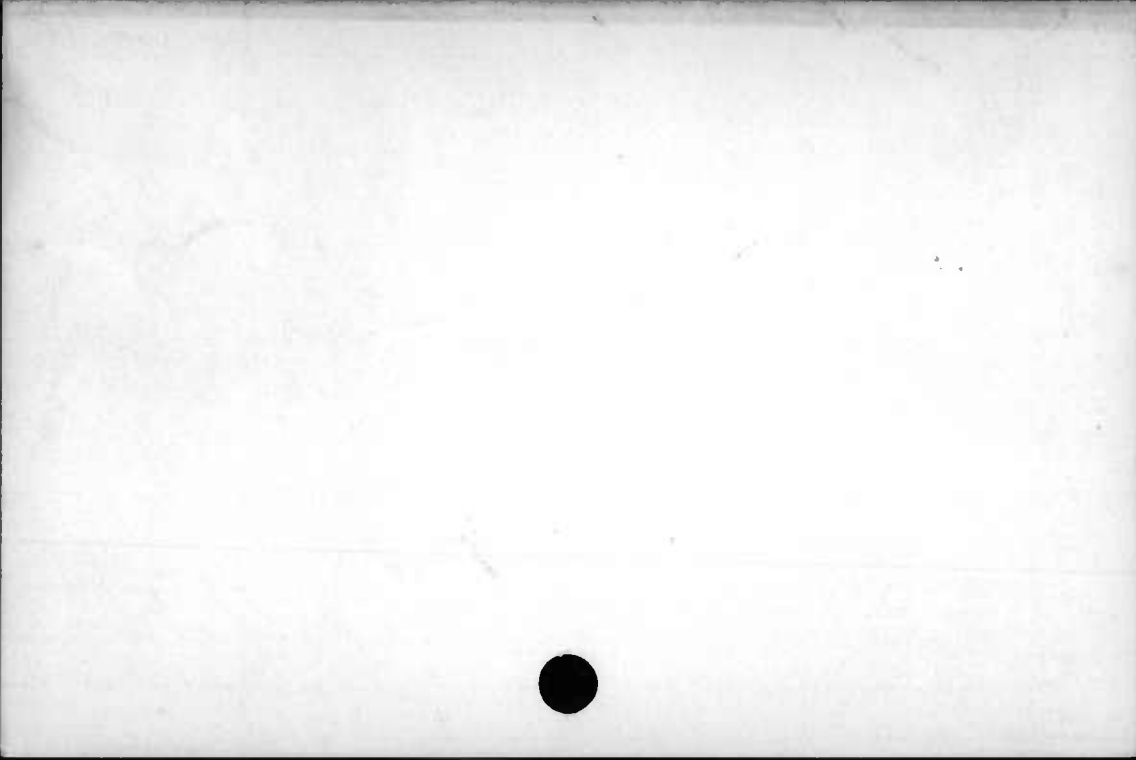
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town			County <i>Balt</i>			MARYLAND		
Date of death 190	<i>5</i>	Month <i>11</i>	Day <i>7</i>	Age	Years <i>77</i>	Months <i>8</i>	Days <i>7</i>	
Sex <i>Male</i>			Color or Race <i>Black</i>			Birth-place <i>Md</i>		
Married, Single or Widowed <i>Widower</i>				Occupation <i>none</i>				
Name of Wife or Husband <i>—</i>								
Father's Name <i>—</i>								
Mother's Maiden Name <i>—</i>								
Name of person giving information <i>Mrs. Buchanan</i>						How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>154</i>	How long
Immediate <i>old age</i>		How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jas. H. Wilson</i>
		Address <i>Fruitburg Md</i>
Accident or Suicide?		



Name in Full Wilhelmina Ditschler		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Rorpeburg Town		County Baltimore	
	Date of death 1905 Month Nov. Day 25		Age 2 Years Months Days	
	Sex Female	Color or Race white	Birth-place Ind	
	Occupation _____		Where Residing if not at place of death _____	
	Married, Single or Widowed _____	Name of Wife or Husband _____		
	Father's Name Adam Ditschler	Father's Birthplace Ind		
	Mother's Maiden Name Mary Vogelgesang	Mother's Birthplace Ind		
Name of person giving information Adam Ditschler	How related to deceased Father			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Double Lobar Pneumonia	How long about 12 days.	(93)	
	Immediate Heart Failure - Exhaustion	How long 10 to 12 hours.		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Lingard D. Whiteford,	
	To best of my knowledge		Address Fullerton, Ind.	
Accident or Suicide? _____				

East Baltimore

Germany

Name
in
Full

Samuel Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Howardville</u>		<u>Balto</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>21</u>	Age <u>63</u>	Months	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Balto Co</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>at Home Howardville</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rebecca Rachel Dorsey</u>				
Father's Name <u>Benjamin Dorsey</u>	Father's Birthplace <u>Balto Co</u>				
Mother's Maiden Name <u>Rebecca Philpott</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Rochie R Dorsey</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>2 years</u>
Immediate <u>Gangrene of feet & exanthema</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. W. Cox. M.D.</u>
	Address <u>Arlington</u>
Accident or Suicide?	

At Union Cemetery

"

Name in Full		Fannie E. Earp				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gorans town		County Baltimore		MARYLAND
	Date of death	1905	Month Nov	5	Day 5	Age 48	Months Days
	Sex	Female		Color or Race	white		Birth- place
	Occupation	House wife		Where Residing if not at place of death		at Residence	
	Married, Single or Widowed	Single		Name of Wife or Husband		H. M. Earp	
	Father's Name	Jno. W. Cotton		Father's Birthplace		England	
	Mother's Maiden Name	Don't know		Mother's Birthplace			
Name of person giving In formation	H. M. Earp		How related to deceased		Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer				How long	18 months
	Immediate	Exhaustion				How long	short time
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address Gorans town		
Accident or Suicide?							

A. C. Hedgcock

914 Greenm. P. Ave.

Druid Ridge Cemetery

Name
in
Full

Ella East

CERTIFICATE OF DEATH

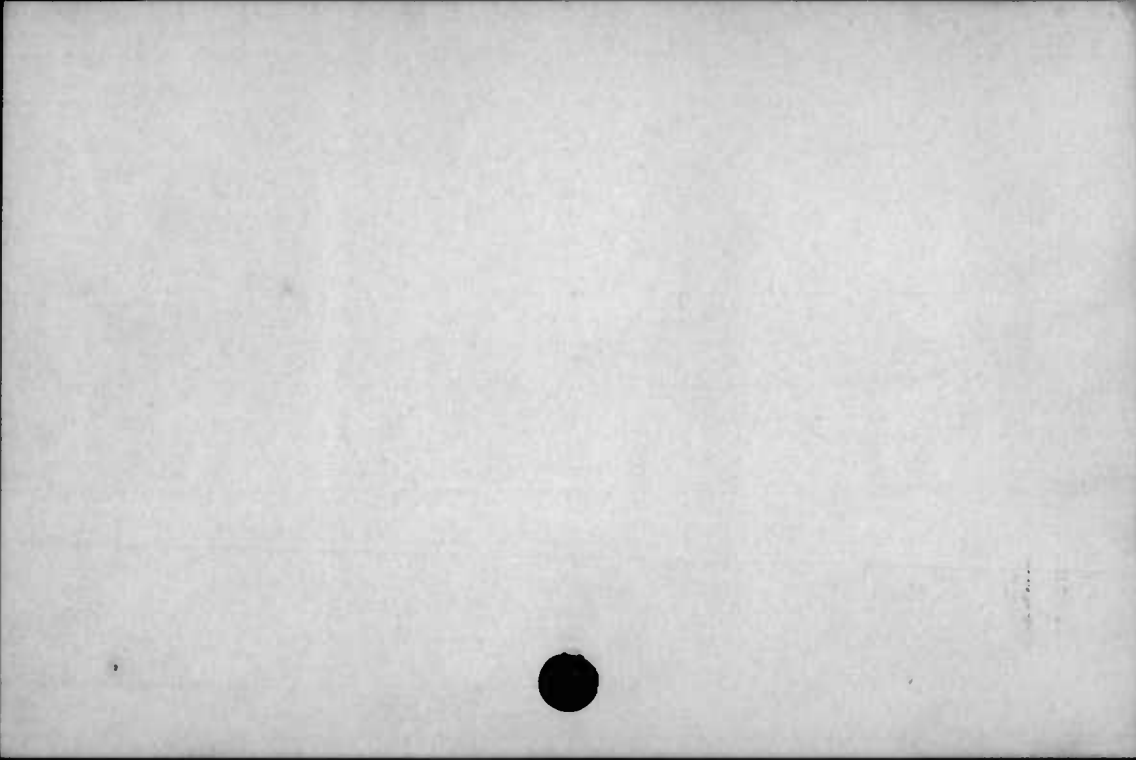
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Baltimore</i> ^{County} @ 0		MARYLAND	
Date of death <i>190</i>	Month <i>Nov</i> <i>30</i>	Day <i>30</i>	Age <i>2</i>	Years <i>9</i>	Months <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>C</i>			Where Residing if not at place of death <i>Westport</i>		
Married, Single or Widowed <i>C</i>		Name of Wife or Husband			
Father's Name <i>John East</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Hertzing</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>John East</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheritic Croup</i>	How long <i>Sept 30 / 05</i>
Immediate <i>asphyxiation</i>	How long <i>to Nov 30 / 05</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos B. Hall</i>
<i>Edward Hall Censley</i>	Address <i>Int Minns</i>
Accident or Suicide?	



Name
in
Full

Edwin Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	1905	Month	11	Day	7
Sex	male		Age	Years	Months
Color or Race	White		Birth-place	Balto Co.	
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	Single		Name of Wife or Husband —		
Father's Name	Elow Edwards		Father's Birthplace	W. Va	
Mother's Maiden Name	Edith Coker		Mother's Birthplace	York Co Pa	
Name of person giving information	Elow Edwards		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>36 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo L. S. Mays</i>
	<i>110</i>	Address	<i>37 Sough St.</i>
Accident or Suicide?	<i>no</i>		

Oak Lawn, Tenn.
Heming & Son

11/9/05

Name
in
Full

Elonora Evans Col

3/11/I.

CERTIFICATE OF DEATH

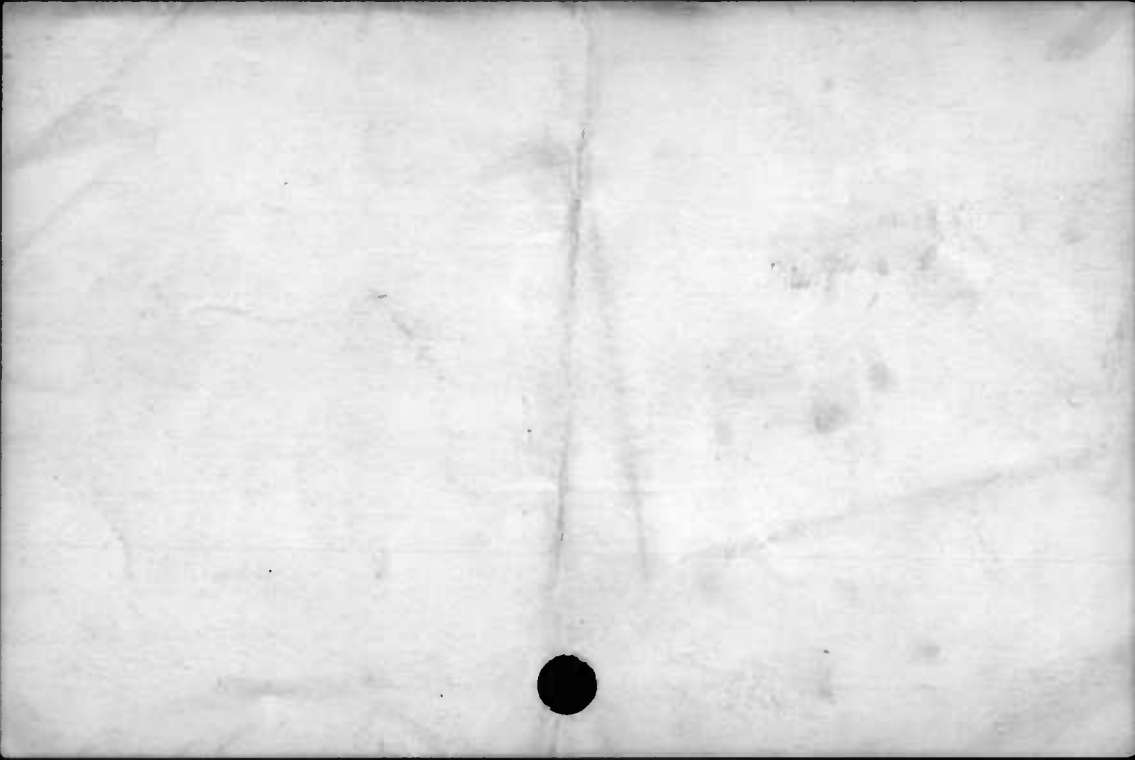
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Col Gate Creek</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1905	Month	Nov	Day	27
Age	25	Years		Months	3
Sex	Female	Color or Race	Colored	Birth-place	Baltimore
Occupation	House keeper		Where Residing if not at place of death <u>Col Gate Creek</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	<u>Jake Evans Col</u>		
Father's Name	<u>Nathaniel Henson Col</u>		Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>Georgianna Henson Col</u>		Mother's Birthplace	<u>md</u>	
Name of person giving information	<u>Cornelius Cotter</u>		How related to deceased	<u>none</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gum shot wound</u>	How long	<u>—</u>
Immediate	<u>School</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Cornelius Muelly</u>	
		Address	
		<u>501 W. Clinton st</u>	
Accident or Suicide?			
<u>Homicidal</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Prossville* ^{Town} *Bald* ^{County}Date of death *1905* ^{Month} *oct* ^{Day} *21* Age ^{Years} *66* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Acute Tuberculosis

How long

1 year

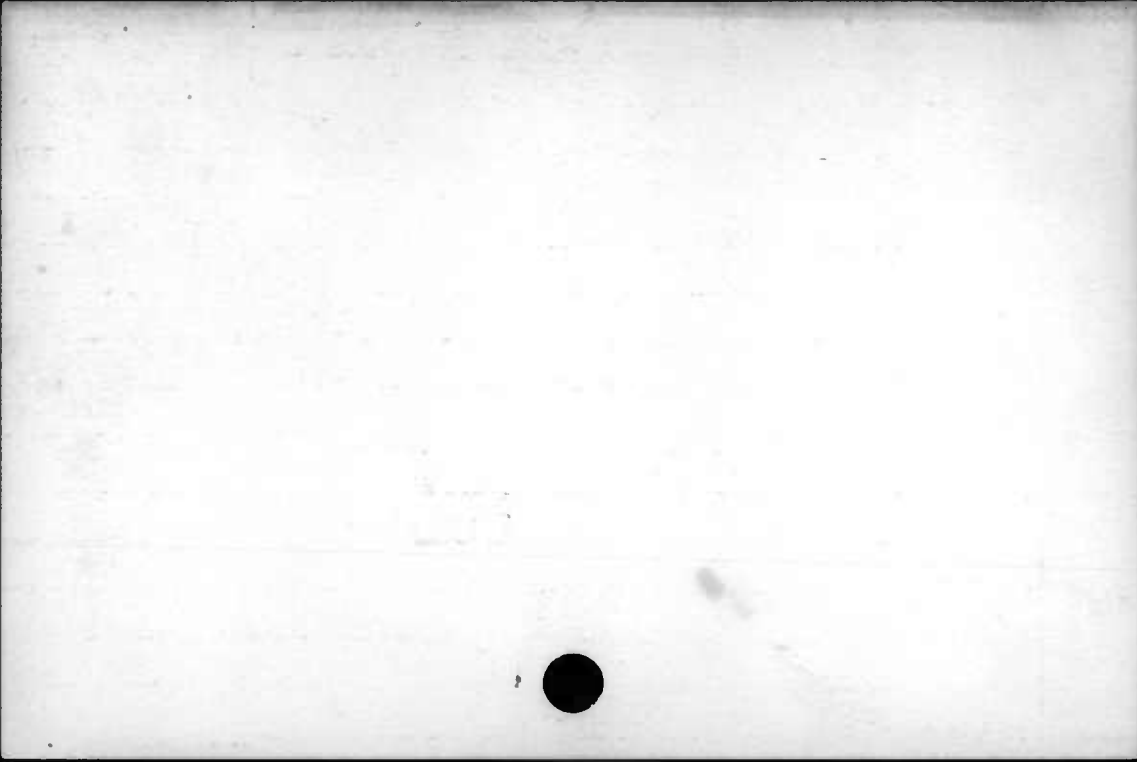
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Theresa Louiza Feeser

CERTIFICATE OF DEATH

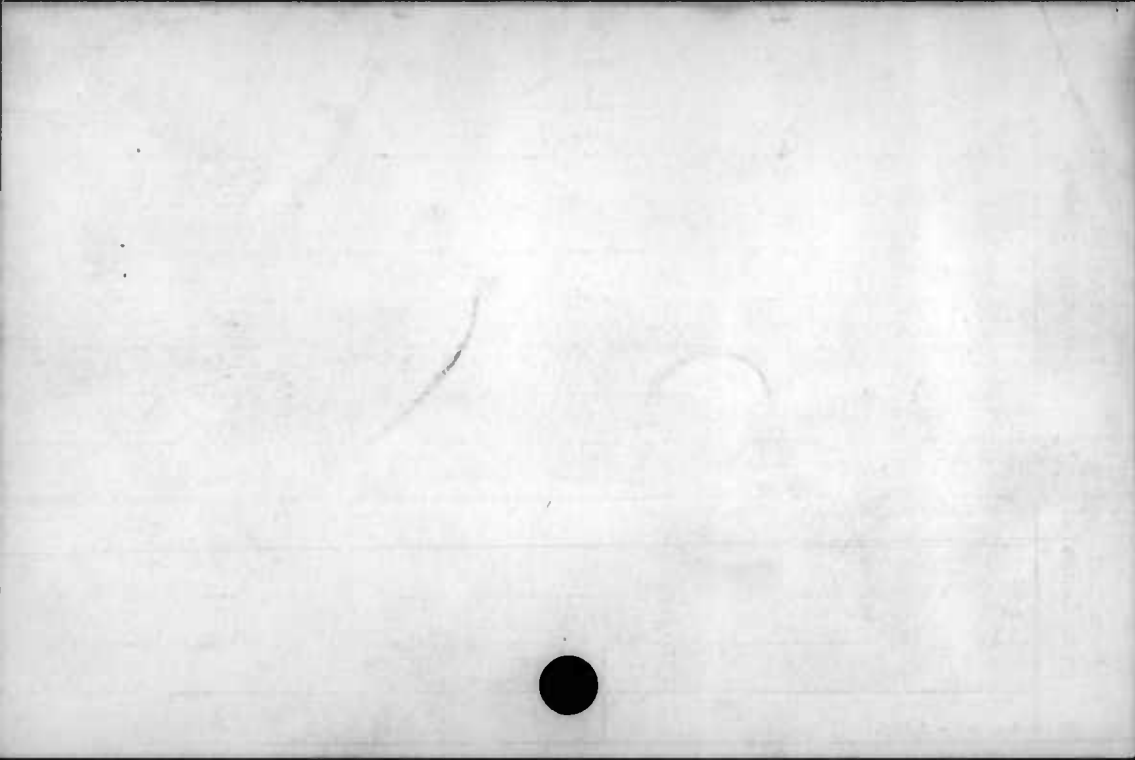
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death 1905	Month 11	Day 23	Age	Years —	Months 10	Days 5	
Sex Female	Color or Race White		Birth- place Md.				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name Berhardt Feeser				Father's Birthplace Germany			
Mother's Maiden Name Theresa Garicht				Mother's Birthplace Germany			
Name of person giving In formation Berhardt Feeser				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burn	How long	Nov. 21 st
Immediate	Oedema of Glottis	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. A. Glantz M.D.
		Address	41 Eastern Ave. Etc.
Accident or Suicide?			



Name
in
Full

Hm Ferguson

CERTIFICATE OF

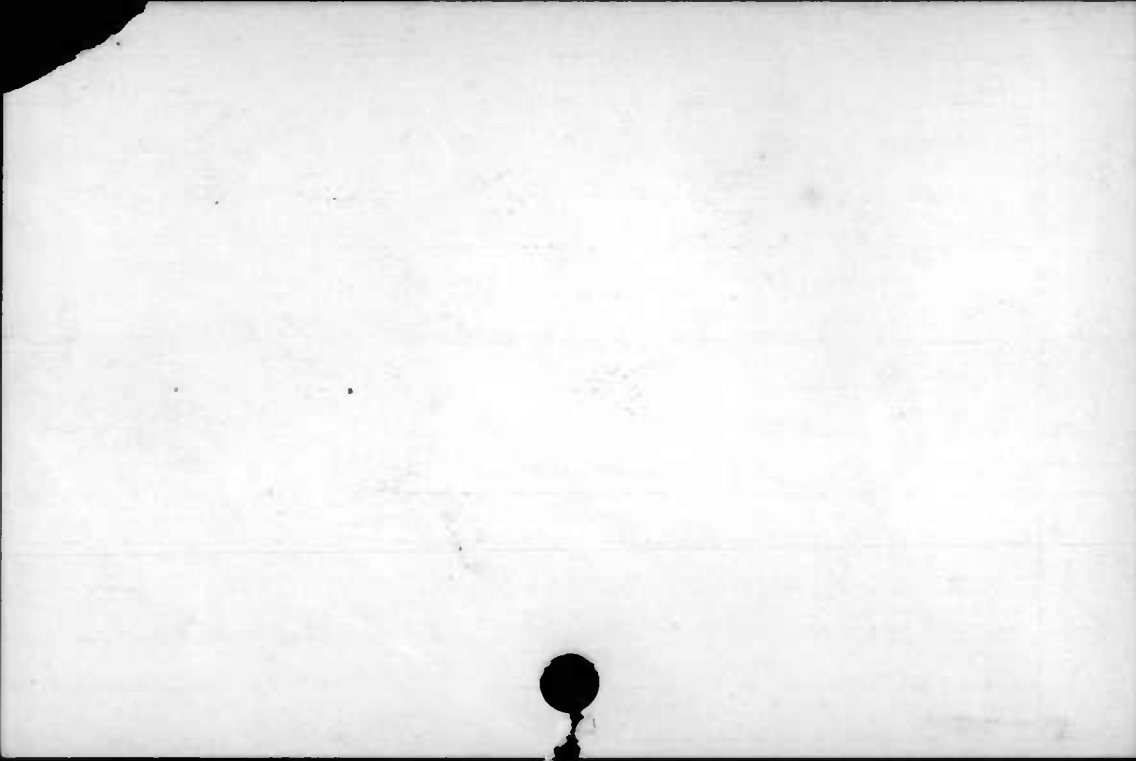
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickeyville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1905	Month	<u>Nov</u>	Day	<u>29th</u>
Age		62		Years	
Sex		male		Color or Race	white
Occupation		Contractor		Birth-place	Ireland
Where Residing if not at place of death					
Married, Single or Widowed	married		Name of Wife or Husband	Anna Ferguson	
Father's Name	Hm Ferguson		Father's Birthplace	Ireland	
Mother's Maiden Name	Eliza Ferguson		Mother's Birthplace	Ireland	
Name of person giving information	Hamilton Delaney		How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Anemia of S. Hemisphere</u>		How long	<u>3 months</u>
Immediate	<u>Hypostatic Pneumonia</u>		How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		<u>A.C. Smith</u>		
		Address		
		<u>Woodburn Sta</u>		
		<u>Ind</u>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Johnanna Fitzgerald		Town		County		MARYLAND	
Died at		Washington		Baltimore			
Date of death		1905 Nov.		Day 26		Age About 75 yrs	
Sex female		Color or Race white		Birth-place Ireland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		widow		Name of Wife or Husband		Edward Fitzgerald	
Father's Name		Michael Buckley		Father's Birthplace		Ireland	
Mother's Maiden Name		Catherine Connor.		Mother's Birthplace		Ireland	
Name of person giving information		Margaret Fitzgerald		How related to deceased		daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Melitus	How long	5 years
Immediate	Asthma	How long	7 yrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		William J. Todd	
Address		Washington Md	
Accident or Suicide?			

St Joseph Cemetery

Texas

Baltimore County
Md

Henry L. Mears & Son

Baltimore Md

Name in Full		Mabel Francis Fitzsimons		Certificate of Death		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Arlington		County Bullo		
	Date of death	1905	Month Nov	Day 20	Age 37	
	Sex	Female		Color or Race	White	
	Occupation	Housewife		Where Residing if not at place of death	Home in Chicago	
	Married, Single or Widowed	Married		Name of Wife or Husband	Thomas John Fitzsimons	
	Father's Name	Peter Rooney		Father's Birthplace	Ireland	
	Mother's Maiden Name	Bridget Hamilton		Mother's Birthplace	Ireland	
	Name of person giving information	Mrs J Fitzsimons		How related to deceased	Husband	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Nephritis		How long	4 months	
	Immediate	Heart failure & shock		How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	M. J. O'Brien
			Address		Arlington	
	Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hulls ville* Town*Balt.* CountyDate *Nov. 22*

Month

Nov.

Day

22

Years

Age

Months

2

Days

22

Sex

*male*Color or
Race*colored*Birth-
place*Hulls ville*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Ben**Fleet*Father's
Birthplace*Maryland*Mother's
Maiden Name*Hattie**Fleet*Mother's
Birthplace*" "*Name of person giving
In formation*Ben**Fleet*How related
to deceased*father*

CAUSES OF DEATH

Primary

Pneumonia & Hooping cough

How long

Immediate

Spasms.

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*R. O. G. H. H. H.*

Address

101 W. Main St.

Accident or Suicide?

Geo. Hooper

M. Abram

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine Foertschbeck</i>		Town <i>Canton</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Canton</i>		Month <i>Nov</i>		Day <i>20</i>		Years <i>65</i>	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>20</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>		Months <i>9</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Foertschbeck</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Father's Name <i>John Betz</i>		Mother's Maiden Name <i>Barnockel</i>		How related to deceased <i>Son</i>			
Name of person giving information <i>John Foertschbeck</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Uterus</i>		How long <i>8 mos</i>	
Immediate <i>Gastro Enteritis Exhaustion</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. W. Allen</i>	
Address <i>26 Hudson St. End</i>			
Accident or Suicide? <i>No</i>			

1



Name in Full

Certificate of Death

John F. Garrison
 Town *Sherwood* County *Baltimore* MARYLAND
 Died at

Date *1905 Nov 21* Month *Nov* Day *21* Y. *76* M. *—* D. *—* Native of *Md* Occupation *Carpenter*
 Male ☒ White ☒ Married ☒ ~~Widow~~ ~~Divorced~~
 Female ☐ Colored ☐ Single ☒ Widower ☐ Number of children living *Two*

Husband of *Sydney J. Garrison*
~~Wife~~
 Father's Name *John Garrison* Mother's Name *Rebecca Garrison*

Cause of Death { Primary *Gastric Cancer* Immediate *Prostration* *(40)*
 How long sick *Six months*
 Accident, Suicide, Homicide ☐

Reported by *Wm. Smith*
 Address *Rider Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Burns Sons
David Ridge
Carr

Name
in
Full

Mary Gebhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905 Nov.</u> ^{Month}		<u>27</u> ^{Day}	<u>79</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>George B. Gebhardt</u>				
Father's Name <u>George Haeffner</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Mary Fischer</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stroke</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. J. [unclear]</u>
	Address <u>1108 Chesapeake</u>
Accident or Suicide?	

David Heart Cemetery

Nov. 30th 1905—

Germanus Frame

Underwater

Name
in
Full

Charlie Edward Milton Gorman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Nov.	14	18		3	23
Sex		Color or Race		Birth-place			
Male		White		Md.			
Occupation				Where Residing if not at place of death			
School boy				Gorman			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Thomas J. Gorman				Md.			
Mother's Maiden Name				Mother's Birthplace			
Josephine Eckers				Md.			
Name of person giving information				How related to deceased			
Mrs. Gorman				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	6 weeks
Immediate	Cardiac Arteriosclerosis	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Peyton Broun M.D.	
		Address	
		Gorman Md.	
Accident or Suicide? <input type="checkbox"/>			

John Burns Sons
Saters Cnrs.

Name in Full Rose H. Griesch		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Hullsitt Town		Balto County		MARYLAND
	Date of death 190 5	Month 11	Day 17	Age	Years 2 Months 15 Days
	Sex Female	Color or Race White		Birth-place Hullsitt	
	Married, Single or Widowed			Occupation	
	Name of Wife or Husband				
	Father's Name J. Franklin Griesch		Father's Birthplace Balto		
	Mother's Maiden Name Catherine Arnold		Mother's Birthplace Ind		
Name of person giving information Charles Miller		How related to deceased son			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary convulsions			How long 5 hours	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician Z. B. Hall	
				Address 117 N. Main	
Accident or Suicide?					



Name
in
Full

Emanuel Grimm

CERTIFICATE OF DEATH

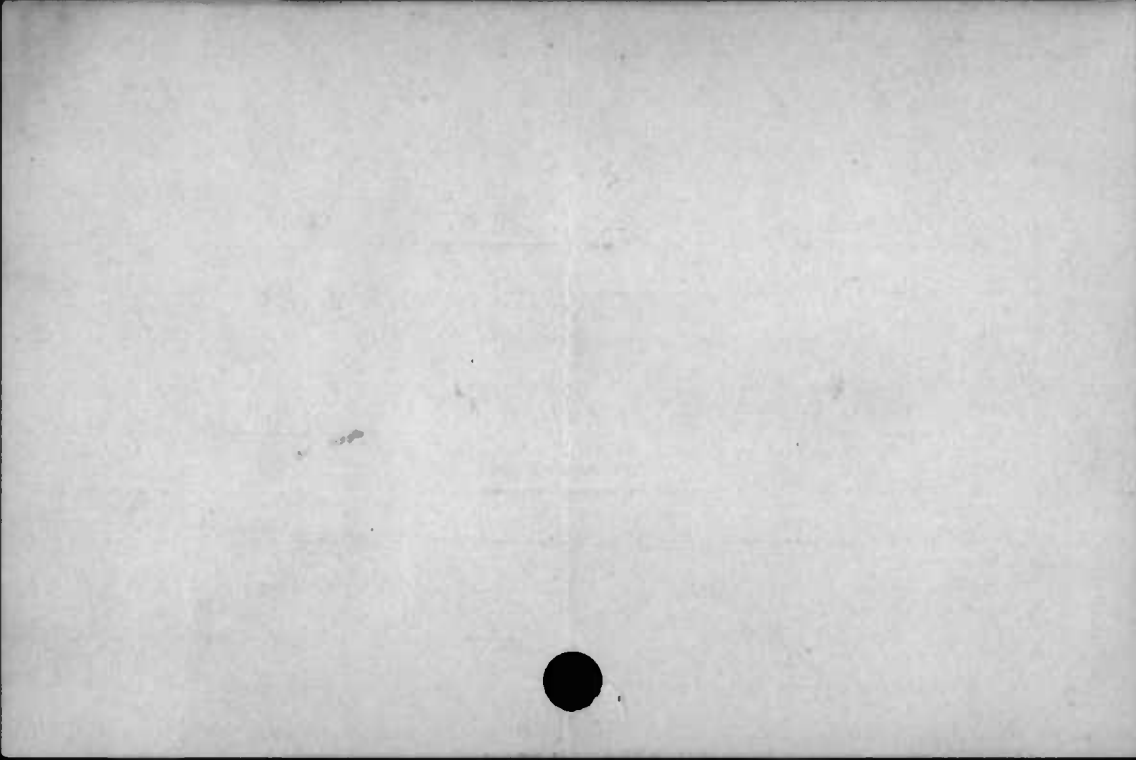
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ashland		County Balto.		MARYLAND	
Date of death	1905	Month 11	Day 21	Age 87	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Pa
Occupation	Shoemaker			Where Residing if not at place of death		Ashland.	
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	Jacob Grimm					Father's Birthplace	Pennsylvania
Mother's Maiden Name	Mary Buchinder					Mother's Birthplace	Maryland
Name of person giving In formation	Emanuel Grimm					How related to deceased	Son Maryland

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(Killed by train at)	How long
Immediate	Phoenix bridge.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		Werner C. Eason
		Cockeyville Md
Accident or Suicide?		
Accident		John W. C. Lounsbury Coroner



Name
in
Full

CERTIFICATE OF DEATH

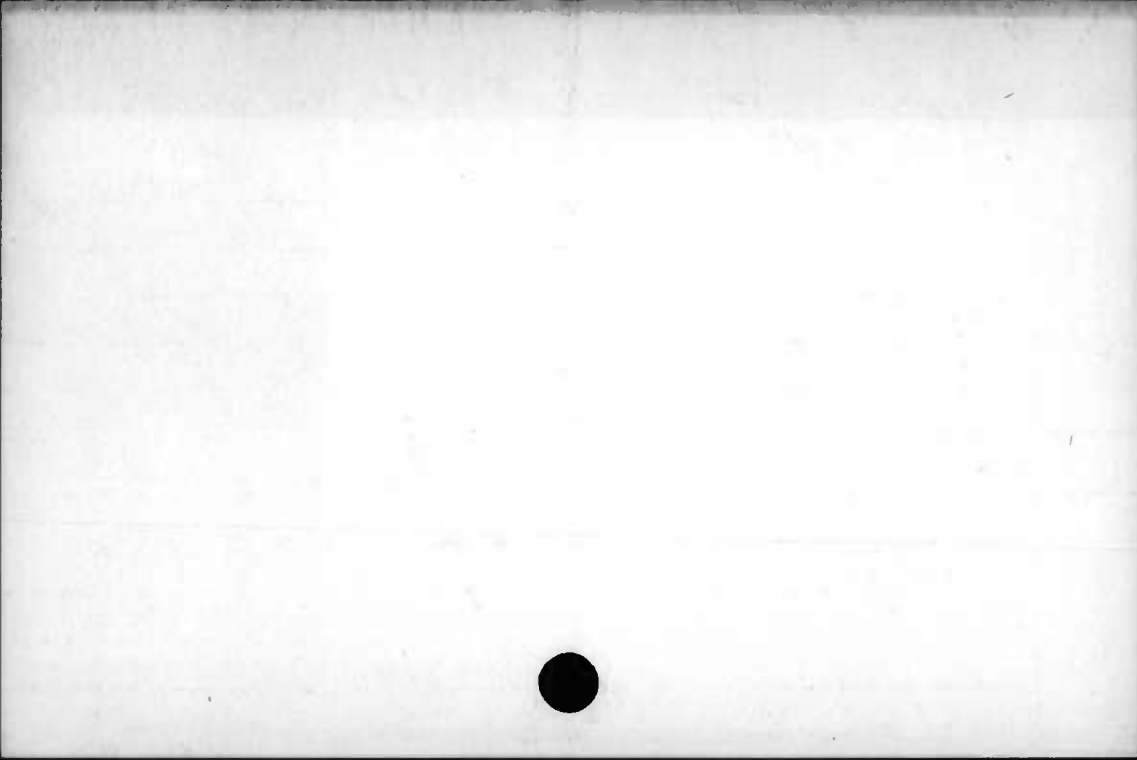
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrows Point</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>Nov 7</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>16</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penna</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Harrows Point</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Jon Blair</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accident</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jon Blair J.P.</i>
	Address <i>Harrows Point, Md.</i>
Accident or Suicide?	



Name
in
Full

Henry P. Hager

CERTIFICATE OF DEATH

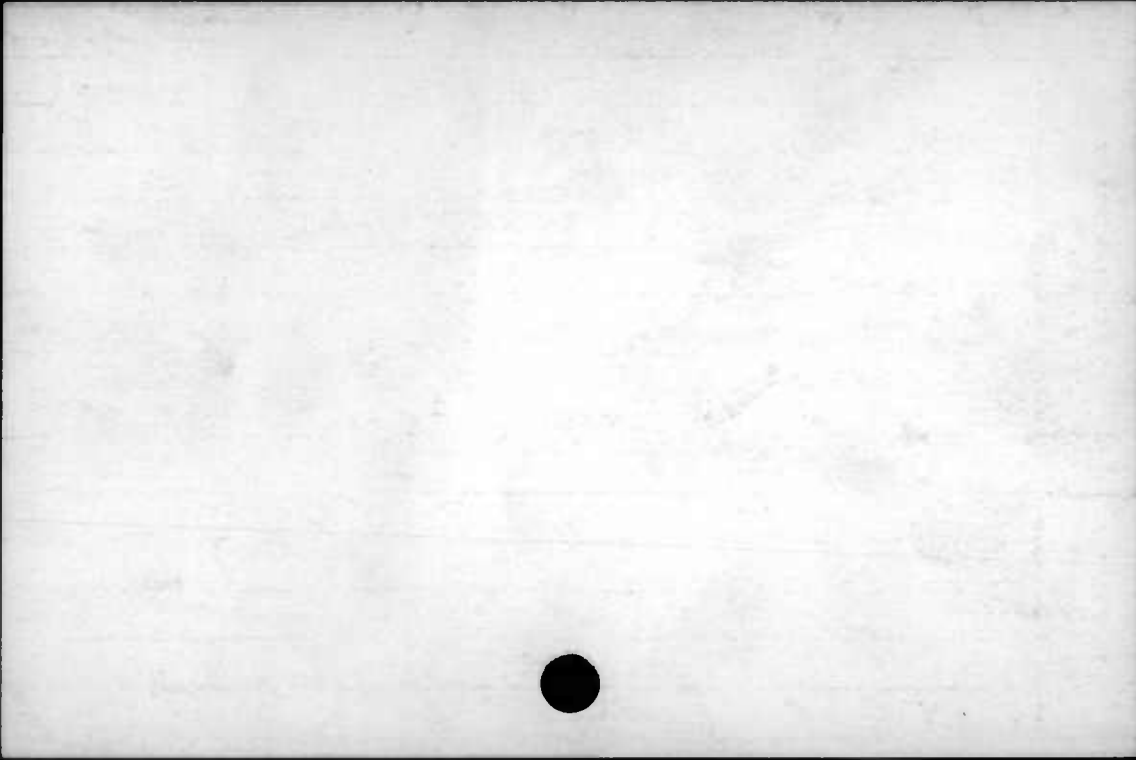
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>11</i>	Day <i>26</i>	Age <i>25</i>	Months <i>4</i> Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>Baker</i>	Where Residing if not at place of death <i>413 1/2 Eastern ave</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Nicolas Hager</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mary Hager</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>5 days</i>
Immediate <i>Coma</i>	How long <i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. L. Warner</i>
<i>no</i>	Address <i>1120 Highland av</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Grace M. Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Gorantown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Nov</i>	^{Day} <i>30</i>	^{Years} <i>24</i>	^{Months} <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Gorantown Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry H. Hanna</i>			Father's Birthplace <i>Harford Co. Md</i>		
Mother's Maiden Name <i>Annii Medsary</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Henry H. Hanna</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (Pulmonary)</i>	How long <i>about 2 years</i>
Immediate <i>Heart Failure</i>	How long <i>Few moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Deaneau</i>
	Address <i>Gorantown Md</i>
<i>Accident or Suicide?</i>	

Evans & Spence
Burlington,

Churchville

Thurford Co

Wm

Name
in
Full

Ada C. Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lutherville</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov.</i>	Day <i>29</i>	Age Years <i>56</i>	Months <i>9</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penn.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Lutherville Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert J. Hastings</i>				
Father's Name <i>Wm. A. Hillig</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Robert J. Hastings</i>	How related to deceased <i>Husband.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>2 years</i>
Immediate <i>Spinal metastasis - Paraplegia</i>	How long <i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Fra. Kemp</i>
	Address <i>8 W 26th</i>
Accident or Suicide?	

London Park Cemetery

Henry W. Means ^{9th} Son.

Name
in
Full

Budget Hays

CERTIFICATE OF DEATH

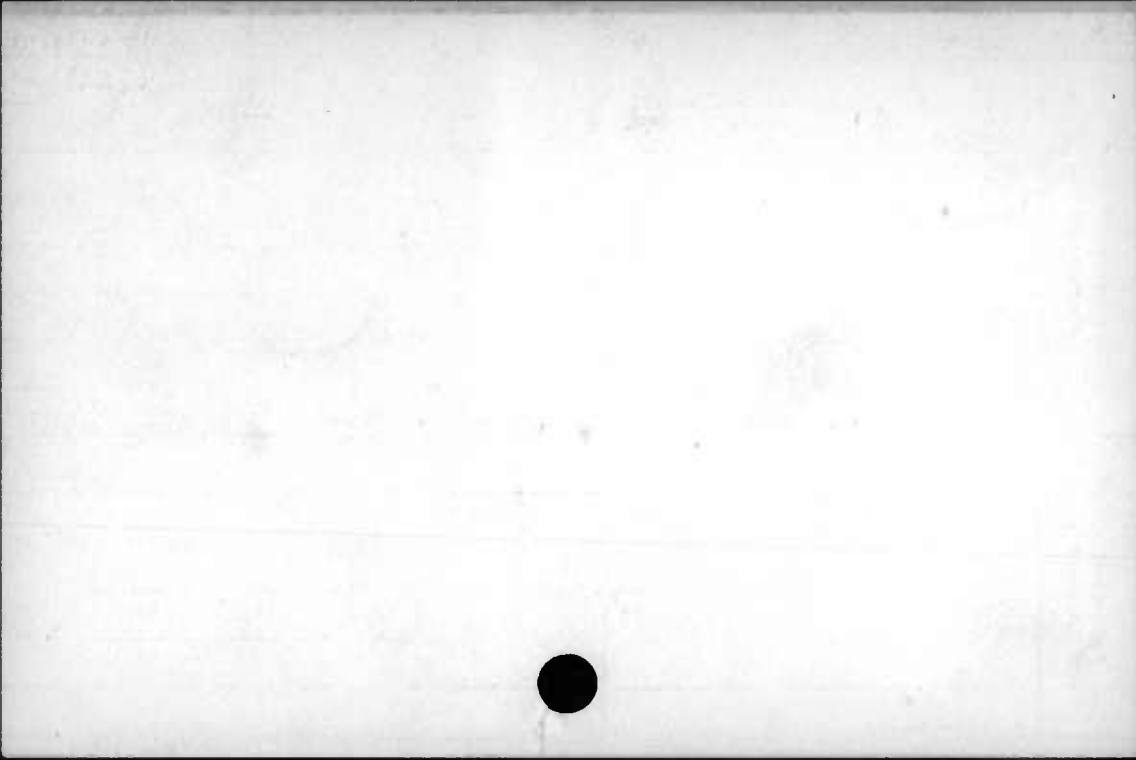
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washingt</i>		Town <i>Balt.</i>		County	
Date of death 1905		Month <i>11</i>	Day <i>17</i>	Age <i>53</i>	Years
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Home</i>			
Name of Wife or Husband <i>Thomas Hays</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>John Hays</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Initial Stenosis</i>	How long <i>1 yr</i>
Immediate <i>Heart Failure</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Beeton M.D.</i>
	Address <i>Washingt</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Harry Moyer Hermon

Town

County

MARYLAND

Died at

Md Sine

Date

Month

Day

Years

Months

Days

of death 1905

11

25

Age

1

15

Sex

male

Color or
Race

white

Birth-
place

Md Sine

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel Hermon

Father's
Birthplace

Pa

Mother's
Maiden Name

Ida Krys

Mother's
Birthplace

Ind

Name of person giving
Information

Ida Hermon

How related
to deceased

mother

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

Suffocation

How long

a Instant

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Daniel V Moyer MD

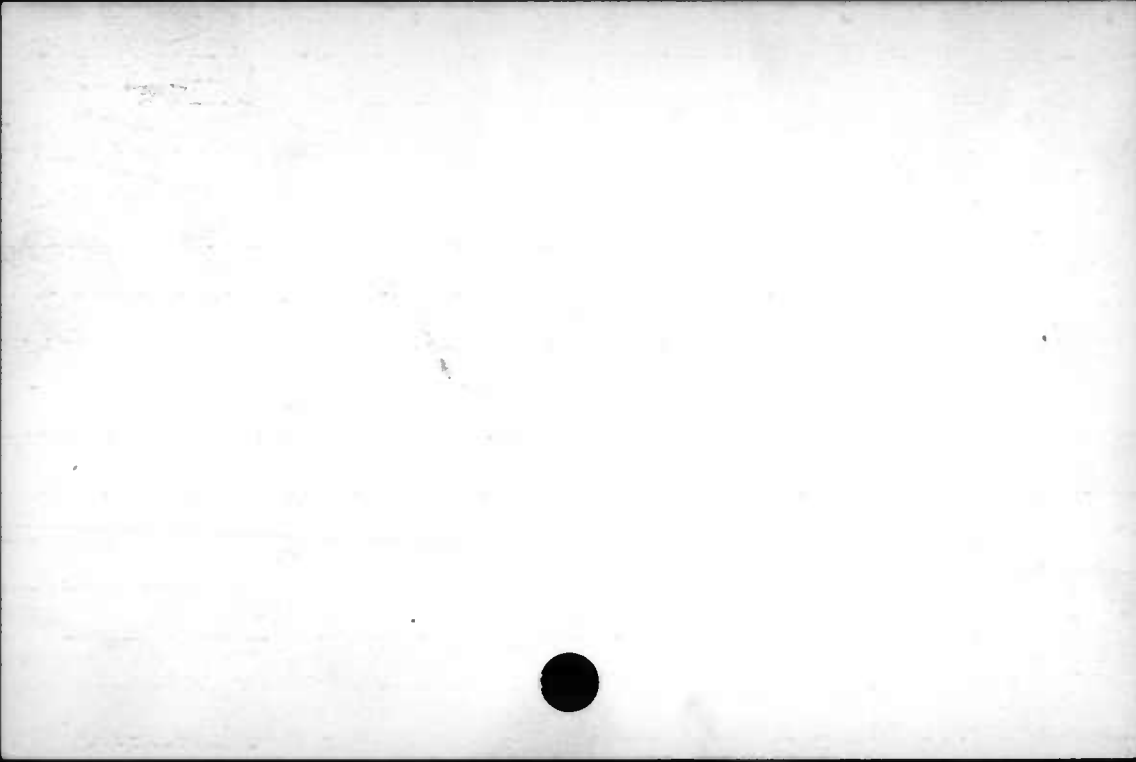
Address

Maryland Sine

Accident or Suicide?

MD

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John M. Hoer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Long Green</i>		County <i>Baltimore</i>		MARYLAND	
	Date of death	1905	Month <i>Oct.</i>	Day <i>24</i>	Years <i>18</i>	Months	Days
	Sex	<i>Male</i>		Color or Race	<i>White</i>		
	Birth-place	<i>Baltimore Md.</i>					
	Occupation				Where Residing If not at place of death		
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			
	Father's Name	<i>John Hoer</i>				Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Alice M. Ryce</i>				Mother's Birthplace	
	Name of person giving information	<i>Frank Kirkwood</i>				How related to deceased	
							<i>No</i>
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Pulmonary tuberculosis</i>				How long	
						<i>2 years or longer</i>	
	Immediate	<i>General</i>				How long	
						<i>Not much or more</i>	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address			
				<i>W. S. Scheer</i>			
				<i>Willing</i>			
				<i>Md.</i>			
Accident or Suicide?							

206

Time
in
Full

Albin Hofstetter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Nov.</i>	Day	<i>28</i>
Age	<i>10</i>		Years	Months	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>Albin Hofstetter</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Wally Schubauer</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Wally Hofstetter</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>7 Days.</i>
Immediate	<i>Cardiac failure</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. A. Glantz</i>
		Address	<i>41 Eastern Ave.</i>
Accident or Suicide?			

Samuel Hearst Cemetery

Nov. 30th 1905

Germanus France

Under the

Name in Full

Certificate of Death

Not named Hook (my m)

Died at Luttrellville Town Baltimore County MARYLAND

Date 1895 Nov 6 Month 6 Day 38 Y. 38 M. hours D. — Native of — Occupation —

Male White Married Widow Divorced —

Female Colored Single Widower Number of children living —

Husband of

Wife

Father's

Name

George Hook

Mother's Name

Lussia Ray, Helen

Cause of

Primary

Immediate

Valvular Insufficiency

How long sick

38 hours

Accident, Suicide, Homicide

Reported by

Address

T. L. Smith
Rider, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Washburne St
W. E. Conn

John Brown St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butter</i> ^{Town}			<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1905		Month 11	Day 14	Age 44	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place <i>Western Penn'd</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>Butter Md</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Fela M. Iler</i>		
Father's Name	<i>Legitimate</i>				Father's Birthplace	
Mother's Maiden Name	<i>Frankie Iler</i>				Mother's Birthplace <i>Don't know</i>	
Name of person giving information	<i>Wife</i>				How related to deceased <i>wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>14 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. H. Orbach</i>
		Address	<i>Butter Md</i>
Accident or Suicide?			

Mr C Brooks

Name
in
Full

Martha Smack

CERTIFICATE OF DEATH

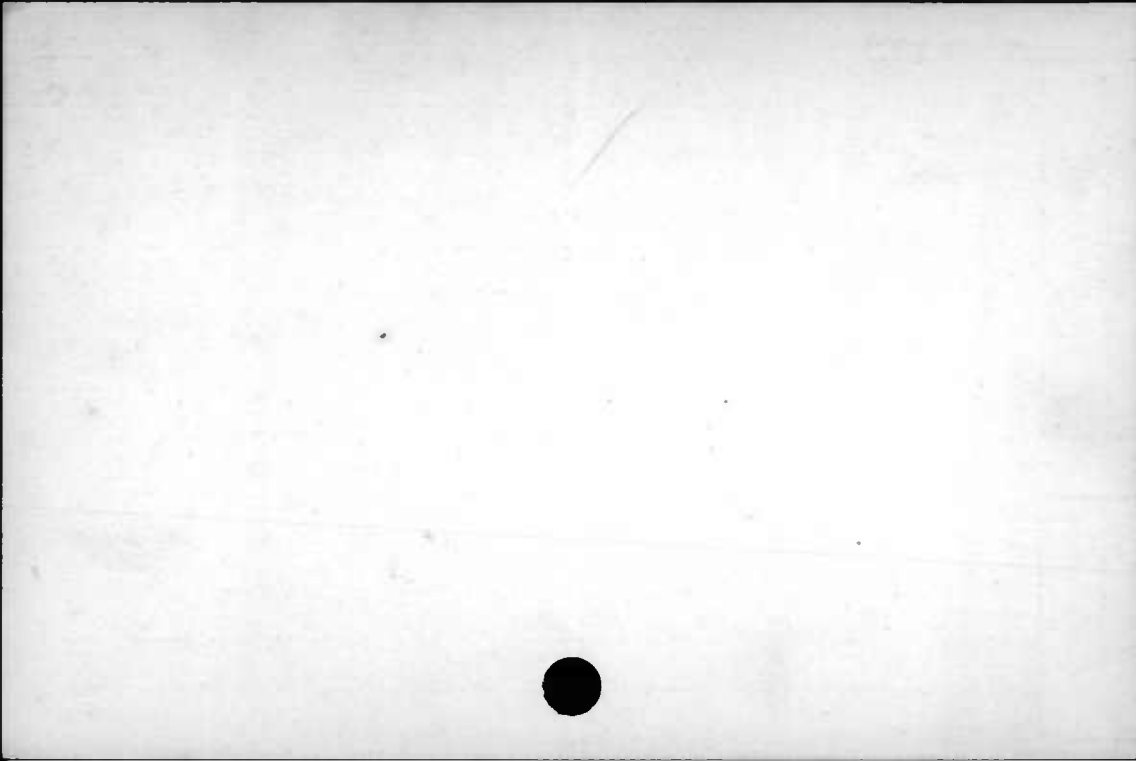
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Point</i>		Town <i>Brill</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>11</i>		Day <i>4</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Sparrow's Point</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Allie Smack</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lola McLeary</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Allie Smack</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>6 days</i>
Immediate	<i>Paralysis of heart</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Woodward</i>	
		Address <i>Sparrow's Point Md</i>	
Accident or Suicide?			



Name
in
Full

Mary H James.

CERTIFICATE OF DEATH

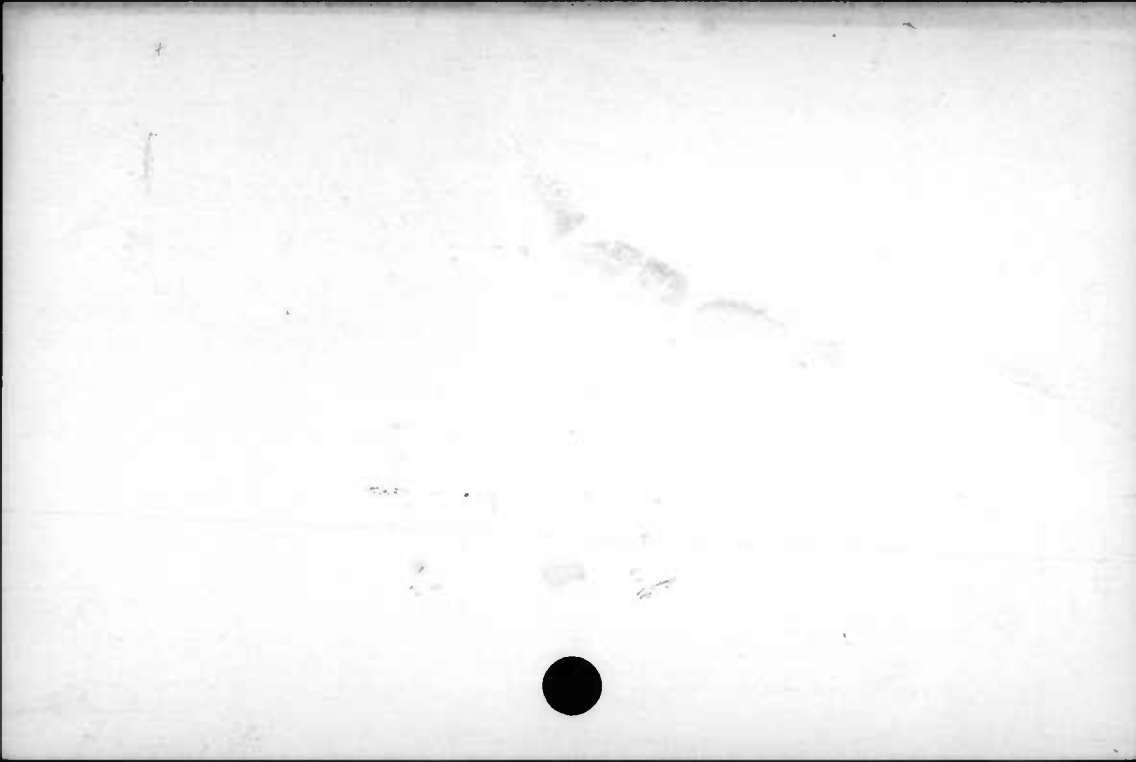
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delight</i> <small>Town</small>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>12</i>	Age <i>68</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>House keeper</i>		Where Residing if not at place of death <i>Delight</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Jno R James</i>			
Father's Name <i>David Donaldson</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Sarah A. Campbell</i>		Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Geo W Donaldson</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>3 or 4 years</i>
Immediate <i>Heart Failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Price</i>
	Address <i>Glyndon Md</i>
Accident or Suicide?	



Name
in
Full

William Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Louisa</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1905	Month <i>Nov</i>	Day <i>6th</i>	Years Age <i>56 to 60</i>		Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Baltimore County</i>			
Married, Single or Widowed				Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Fannie</i>							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation <i>Levis Chaney</i>						How related to deceased <i>No relation</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>15 years</i>
Immediate	<i>General Debility</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>D. B. Jarrett</i>	
Address		<i>Louisa</i>	
Accident or Suicide?			

Rev. A. Elliott

~~Rev~~ s of Rogers Ave

Zion Cemetery -

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lucy J. Gordons

Died at *Middle River* Town *Baltimore* County *MD* MARYLAND

Date of death *1905* Month *Nov* Day *24* Age *61* Years Months *4* Days *12*

Sex *Female* Color or Race *Colored* Birth-place *GA*

Occupation *House Wife* Where Residing if not at place of death *Bassville*

Married, Single or Widowed *married* Name of Wife or Husband *Henry Gordon*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *4 days*

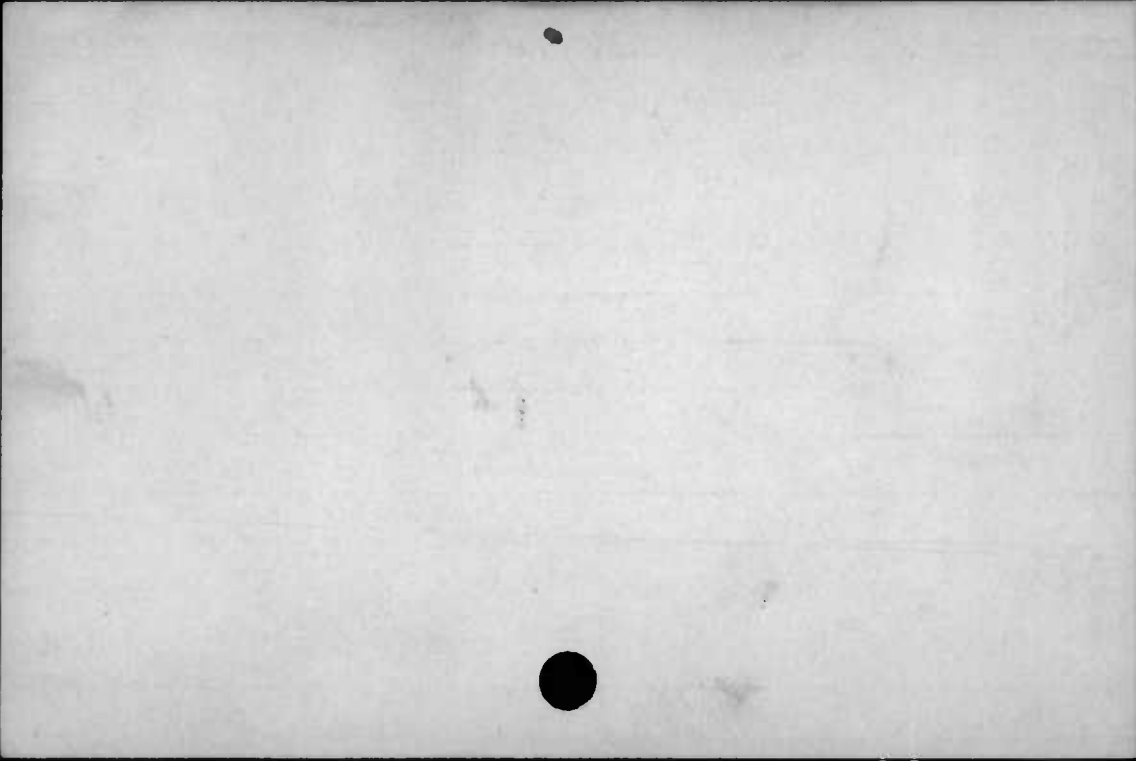
Immediate *Pneumonia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. W. Hammond*

Address *708 Emsor St*

Accident or Suicide? *—*



Name
in
Full

George F Kalb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Catonsville* Town*Baltimore* CountyDate of death *1905* Month *Nov* Day *3*Age *24* YearsMonths *11*

Days

Sex *Male*Color or Race *White*Birth-place *Md*Occupation *Physician*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *George S. Kalb*Father's Birthplace *Md*Mother's Maiden Name *Catherine*Mother's Birthplace *"*Name of person giving information *Geo S. Kalb*How related to deceased *Father*

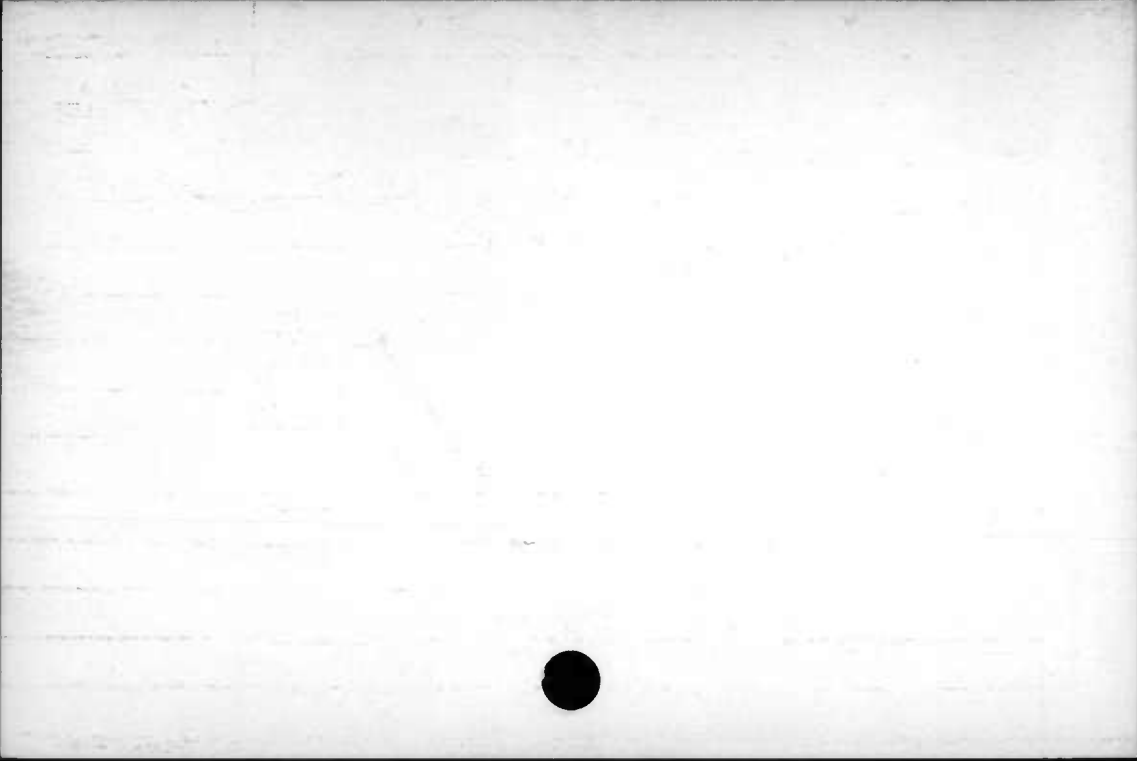
CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *2 yrs*Immediate *Cardiac Syncope*How long *few minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Charles L. Mattfeldt MD*Address *Catonsville Md.*

Accident or Suicide?



Name
in
Full

Mathias Kern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centon</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1905	Month	11	Day	11
Age		82		Years	4
Sex	Male		Color or Race	White	
Occupation	Shoemaker		Birth-place	Germany	
Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	Not Known		Father's Birthplace		
Mother's Maiden Name	u		Mother's Birthplace		
Name of person giving information	Charles Kern		How related to deceased		
			Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 months
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. Schueschke, M.D.	
Address		107 B Canton St.	
Accident or Suicide?		—	

Sacred Heart
H. Anderson

Name
in
Full

Agnes Lovetta Kimball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1905	Month	Nov	Day	17	Age
						Years	
						Months	
						Days	
Sex		Female		Color or Race		White	
Occupation				Birth-place		Gorantown	
Where Residing if not at place of death		at Residence					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Jas. W. Kimball		Father's Birthplace		Baltimore	
Mother's Maiden Name		Julia Clancy		Mother's Birthplace		Maryland	
Name of person giving information		Julia Kimball		How related to deceased		Mother	

CAUSES OF DEATH

Primary	Marasmus	How long	3 weeks
Immediate	Heart failure	How long	but few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. H. Druean
		Address	Gorantown
			Med
Accident or Suicide?			

Cathedral Cemetery
Baltimore
Nov 18/05-

H. C. Wiedefeld
914 Greenmount Ave.

Name
in
Full

Charles H. Koch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u>		Month <u>11</u>	Day <u>11</u>	Age <u>1</u>	Years <u>10</u>
Sex <u>M</u>		Color or Race <u>W</u>		Birth-place <u>Canton</u>	
Occupation <u>None</u>		Where Residing if not at place of death _____			
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name <u>Henry W. Koch</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Emma Schorr</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Henry W. Koch</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>13 days</u>
Immediate <u>as theia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>David W. Jones</u>
	Address <u>3116 Oldmill St.</u>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

Died at

John Kologee
North Point Road Baltimore

MARYLAND

Date

of death 1905

Month

Nov

Day

30th

Age

Years

Months

Days

5

Sex

Male

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of death

North Point Road

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

James Kologee

Father's
Birthplace

Austria

Mother's
Maiden Name

Teresa Rakosa

Mother's
Birthplace

Austria

Name of person giving
Information

Teresa Kologee

How related
to deceased

mother

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

exhaustion

How long

0 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. C. McCormick M.D.

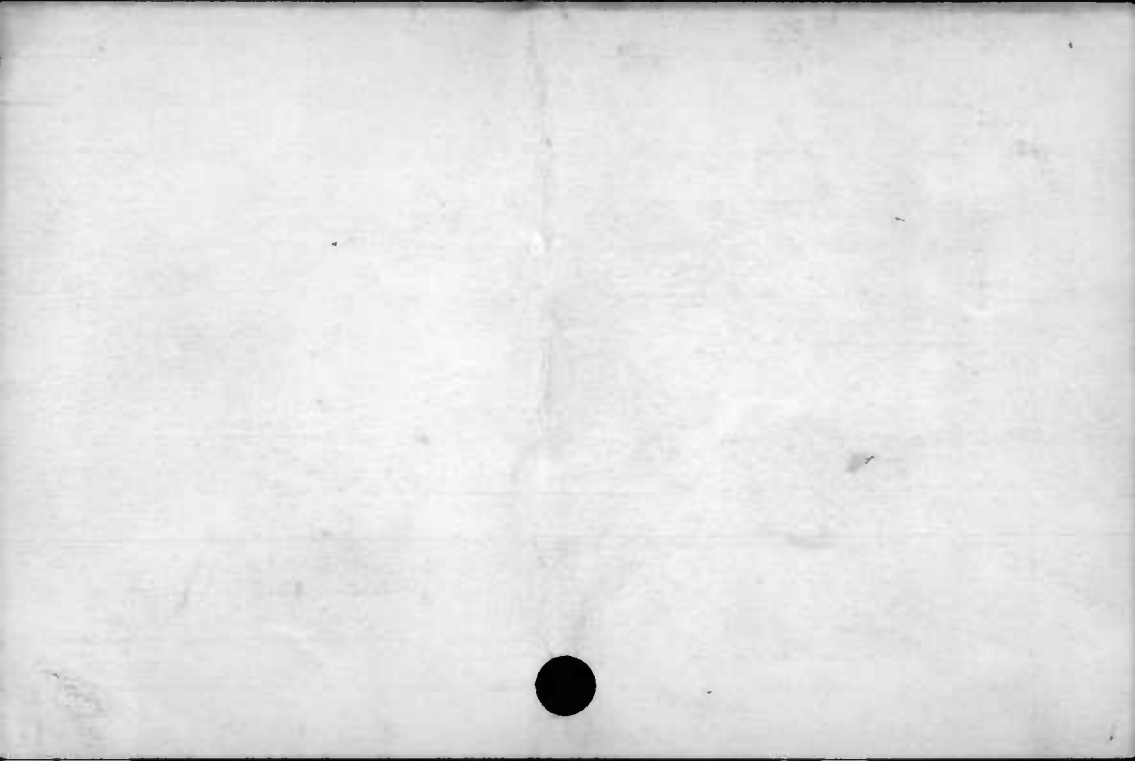
Address

Sparrow Point
Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary. Kowalewski</i>		Town <i>Brooks Hill</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1905 Nov 23</i>		Age <i>45</i>		Months — Days —	
Sex <i>Female.</i>		Color or Race <i>White</i>		Birth-place <i>Poland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Stanislaw Kowalewski</i>					
Father's Name <i>Zelichowski</i>		Father's Birthplace <i>Poland.</i>		Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>	
Name of person giving Information <i>St. Kowalewski</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>about a year</i>
	Immediate <i>Cardiac Hypertrophy</i>	How long <i>about one week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank A. Comandi, M.D.</i>
	Address <i>No. 1221 E. Baltimore, Str. Baltimore, Md.</i>	
Accident or Suicide?		

Jacob Fialowski

M. Stämmlaus Am.

Name
in
Full

Esther Chew Latterbuck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sparrows Point</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>14th</u>	Age <u> </u> Years	Months <u>3</u>	Days <u>2</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Sparrows Point</u>	
Occupation <u> </u>			Where Residing if not at place of death <u>" "</u>		
Married, Single or Widowed		Name of Wife or Husband <u> </u>			
Father's Name <u>Edward Latterbuck</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Edith M. Benton</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Mrs. R. J. Benton</u>			How related to deceased <u>Grand-mother</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cerebral Congestion</u> <u>(64)</u>	How long <u> </u>
	Immediate <u>Convulsions</u>	How long <u> </u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. M. Cornick M.D.</u>
		Address <u>Sparrows Point Md.</u>
Accident or Suicide? <u> </u>		



Name of Child

Certificate of Birth

George Arthur Lawrence

Born at

Town

County

Catonville, Balto Co

MARYLAND

Month

Day

White

Male

Living

Number of Child: 1st ~~2nd~~

Date 1905

Nov.

23

~~Colored~~~~Female~~~~Sail Born~~~~4th 5th 6th 7th 8th 9th~~

Father's

Age

Name in Full

Arthur J. Lawrence

Occupation

Coal & wood

Birthplace

Charles Co. Md -

Mother's

Age

Maiden Name

Antoinette Sencro

Occupation

- none -

Birthplace

Rochester, N. Y. -

Reported by

J. H. Sencro

Physician, ~~Midwife~~, Parent

Address

1025 Mad. Ave -

If child is not named, send name as early as possible.

Sept 16-1912

Reg # 30

Local Reg. Marshall B. Wist-

Name
in FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Infant of Andur C. Rosa Lawrence

CERTIFICATE OF DEATH

Died at <u>Highlandtown</u> ^{Town}		<u>Baile</u> ^{County}		MARYLAND	
Date of death <u>190</u> ^{Month} <u>Nov.</u> ^{Day} <u>20</u>		Age <u>—</u> ^{Years}		<u>Sill</u> ^{Months} <u>Born</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baile, Me</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Andur C. Lawrence</u>		Father's Birthplace <u>Ma</u>			
Mother's Maiden Name <u>Rosa Levin</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Father</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary <u>Premature Birth</u>		How long <u>—</u>	
Immediate <u>asph. Liv</u>		How long <u>In utero</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F. B. Blades MD</u>	
		Address <u>121 Jackson Place</u>	
Accident or Suicide? <u>—</u>			

Mt. Carmel ben
Hindu Song.

Name
in
Full

Mrs Mary Lee

CERTIFICATE OF DEATH

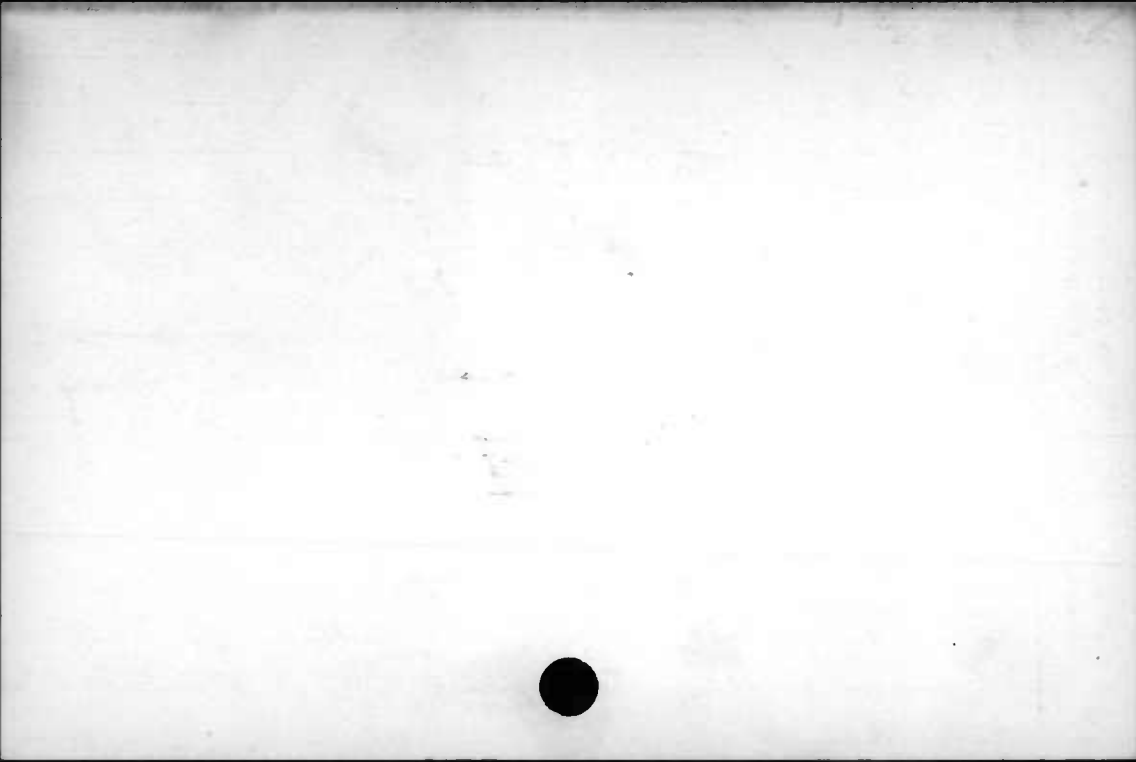
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnier Point.</i>		Town <i>Spinnier Point.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov.</i>	Day <i>4</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, single or Widowed			Name of Wife or Husband <i>Mary Lee</i>				
Father's Name <i>Jeremiah Lehill</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Margaret Filspotnick</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Michael Lee</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank C. Eldred</i>
	Address <i>Spinnier Point</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

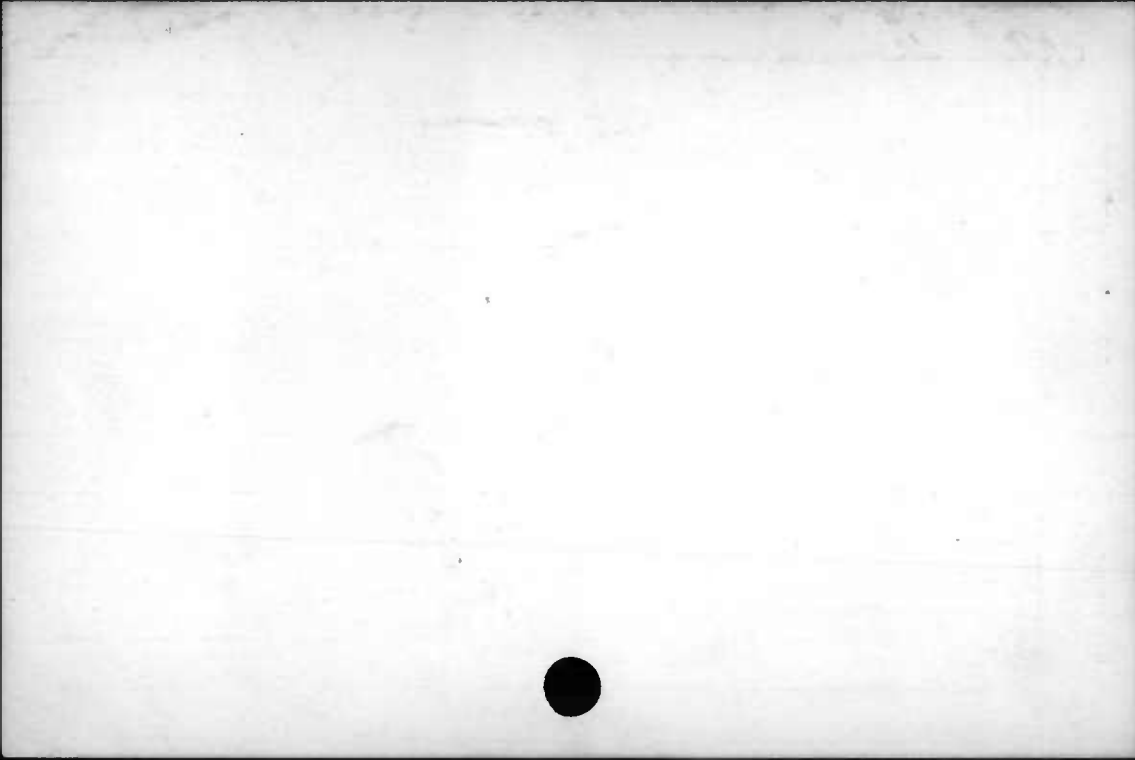
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Seussz</i>		Town <i>711 S. East ave</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905</i>		<i>77 yrs</i>		<i>2</i>	
Month <i>Nov</i>		Day <i>17th</i>		Years <i>77</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>711 S. East ave</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Seussz</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Barbara Boshorn</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>—</i>
Immediate	<i>Anemia</i>	How long	<i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. J. McCarty M.D.</i>
		Address	<i>839 S. Canton St. Balto. Md.</i>
Accident or Suicide?			



Name
in
Full

May J. Le Noir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Gorantown</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death 190	Month <i>Nov</i>	Day <i>27</i>	Age <i>54</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Gorantown Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>A J Keller</i>	Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>Margaret Retassel</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Andrew J Keller</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Duncan</i>
	Address <i>Gorantown</i>
Accident or Suicide?	

Geo Schilling
Monument & Aisquith St

London Park

Name
in
Full

Lacy Lillian Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govanstown		County Baltimore		MARYLAND	
Date of death 1905	Month Nov	Day 30	Age Years 6	Months 3	Days 8		
Sex Female	Color or Race white		Birth- place Baltimore city				
Married, Single or Widowed Single		Occupation child					
Name of Wife or Husband child							
Father's Name Frank Lewis		Father's Birthplace Philadelphia Pa.					
Mother's Maiden Name Edith Lillian Benson		Mother's Birthplace Baltimore city					
Name of person giving In formation Frank Lewis		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	24 hours
Immediate	Convulsions	How long	24 hours.
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician H. C. Hesse M.D.	
		Address Sta H (Govan) Balto. Md.	
Accident or Suicide?			

Josh B Cook Underlaker
London Park Cem
Dec 3, 1905,

Name
in
Full

CERTIFICATE OF DEATH

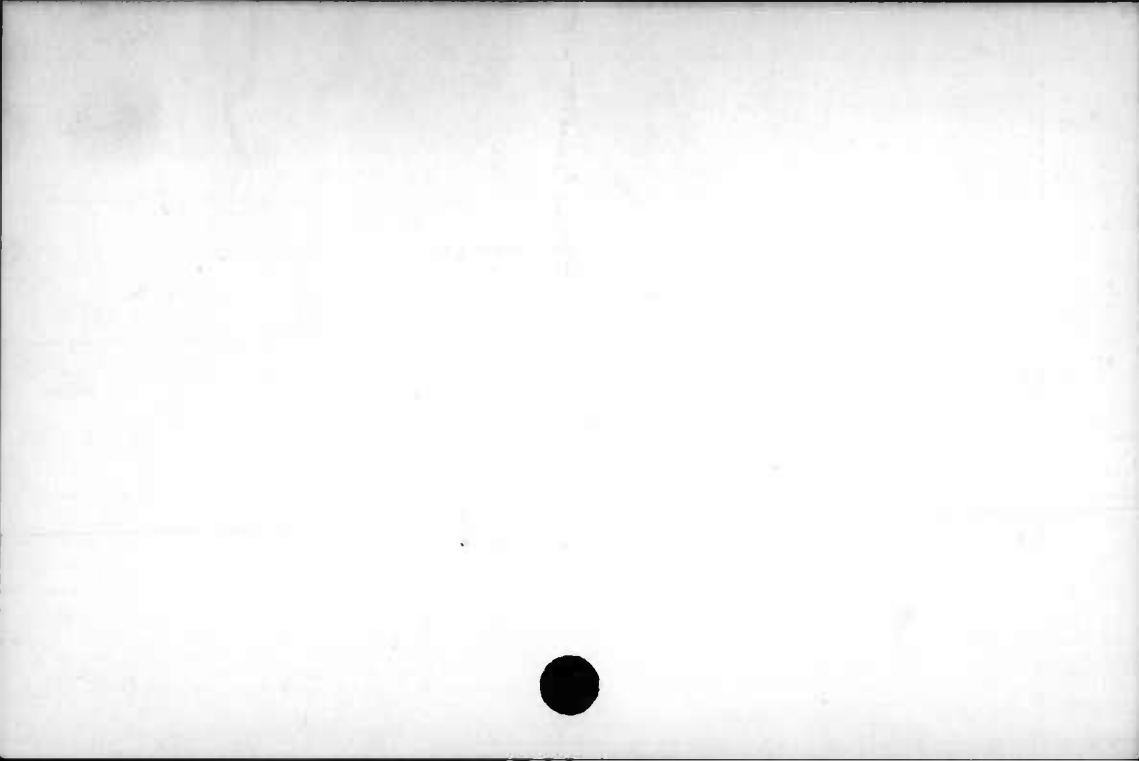
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Margaret Lindsay		Town Sparrow's Pt.		County Balto		MARYLAND	
Died at		Date of death 1905		Month Mar		Day 27	
Age 1		Years 1		Months 2		Days -	
Sex Female		Color or Race Col		Birth-place Sparrow's Pt.			
Occupation				Where Residing if not at place of death -			
Married, Single or Widowed -				Name of Wife or Husband -			
Father's Name Joseph Lindsay				Father's Birthplace Va.			
Mother's Maiden Name Marytha Spotts				Mother's Birthplace Va.			
Name of person giving Information Joseph Lindsay				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions		How long 5 hours	
Immediate Exhaustion		How long 5 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. K. Petkovich, M.D.	
		Address Sparrow's Pt., Md.	
Accident or Suicide?			



Name
in
Full

Michael Link

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 1426 Third St. Highlandtown, Baltimore County, MARYLAND

Date of death 1905 May 22 Age 70 Months 3 Days 28

Sex Male Color or Race White Birth-place Germany

Occupation Butcher Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

John H. Link

How related to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy.

How long

5 mos

Immediate

Exhaustion,

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas. L. Grayson
Third & Trough
Highlandtown.

Accident or Suicide?

no

Zirkler & Zirkler

1739 E. Eager st

Name
in
Full

John R. Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

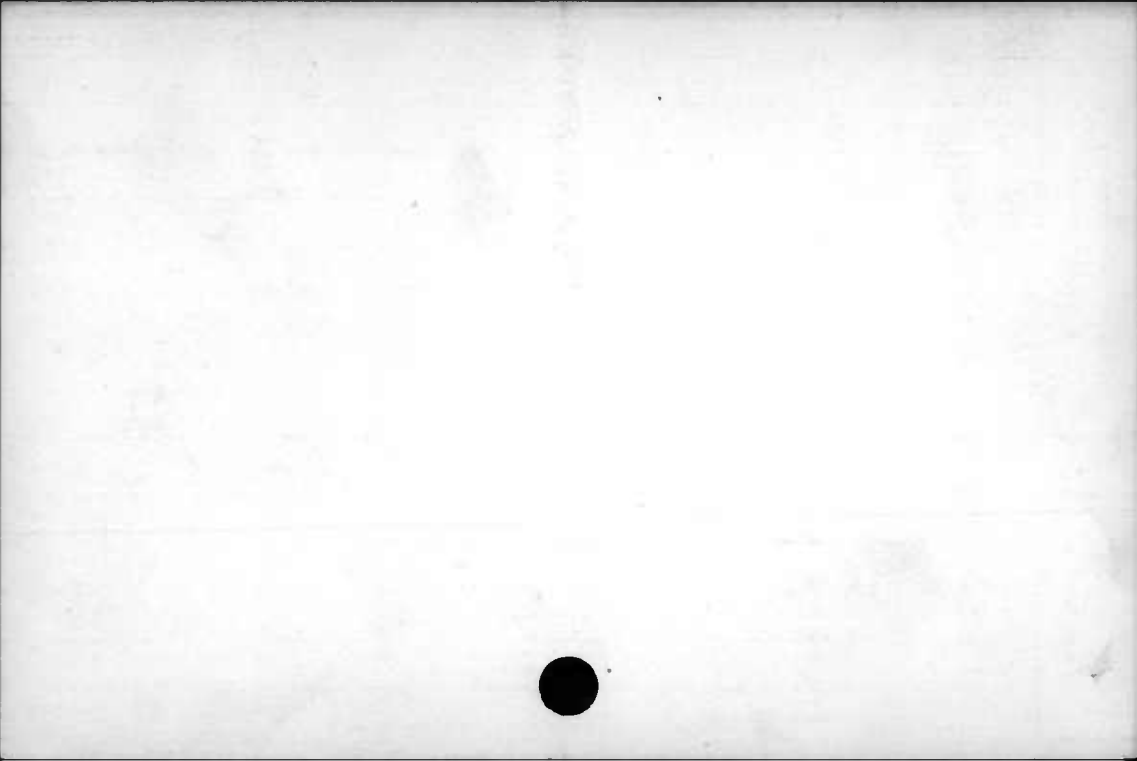
Died at		Town Spum's Point.		County Baltimore		MARYLAND	
Date of death		1905	Month Nov.	Day 14	Age 51	Years 6	Months 14
Sex Male		Color or Race White		Birth- place H. J.			
Occupation Cheminist		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Elizabeth Garrett.					
Father's Name Jm Little		Father's Birthplace —					
Mother's Maiden Name Margaret Buchanan		Mother's Birthplace —					
Name of person giving In formation Mrs Elizabeth Little		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mental Insufficiency	How long Several years.
Immediate Cerebral Embolism	How long 7 days.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician F. C. Elchert M.D.
	Address Spum's Point. Md

Accident or Suicide?



Name
in
Full

Permatum Boile Long

CERTIFICATE OF DEATH

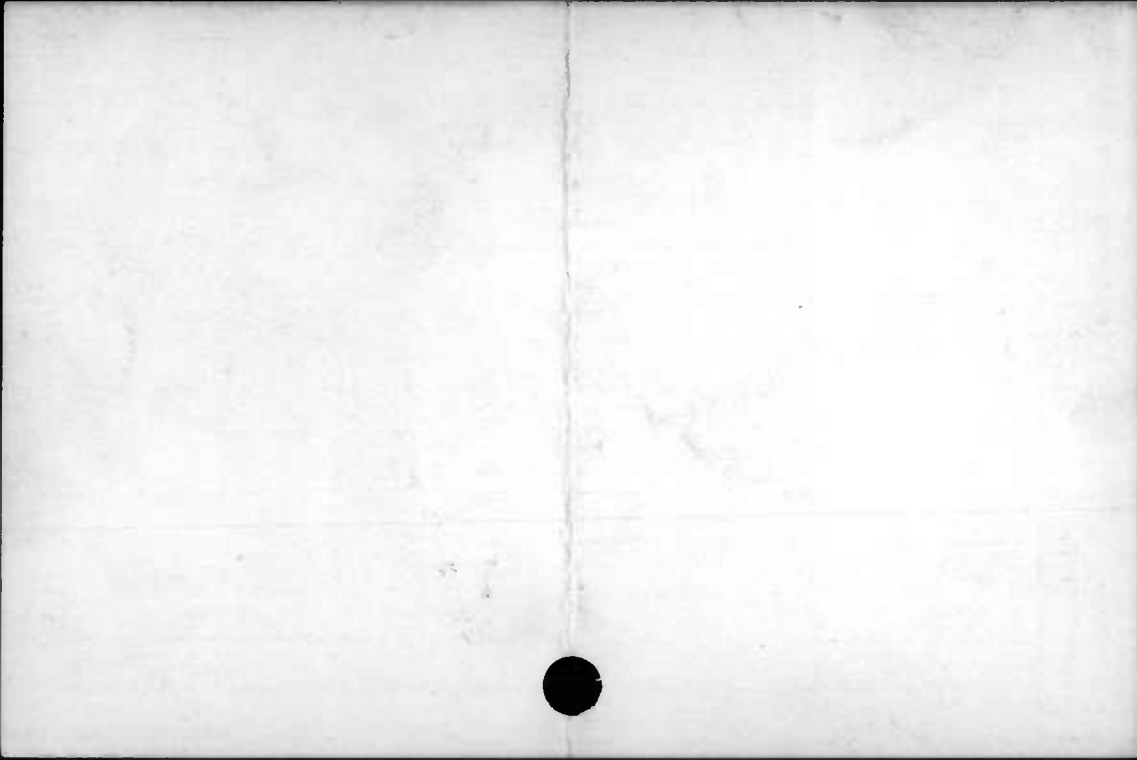
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cockeysville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Nov</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>2 hours</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cockeysville, Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John F Long</u>		Father's Birthplace <u>Sharon Md</u>			
Mother's Maiden Name <u>Rosella Westman</u>		Mother's Birthplace <u>Virginia</u>			
Name of person giving information <u>Mother Mrs R Long</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia - birth - 7 months</u>	How long <u>—</u>
Immediate <u>non-infectious</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. B. Baker</u>
	Address <u>Cockeysville Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Gustave A. Lotze

CERTIFICATE OF DEATH

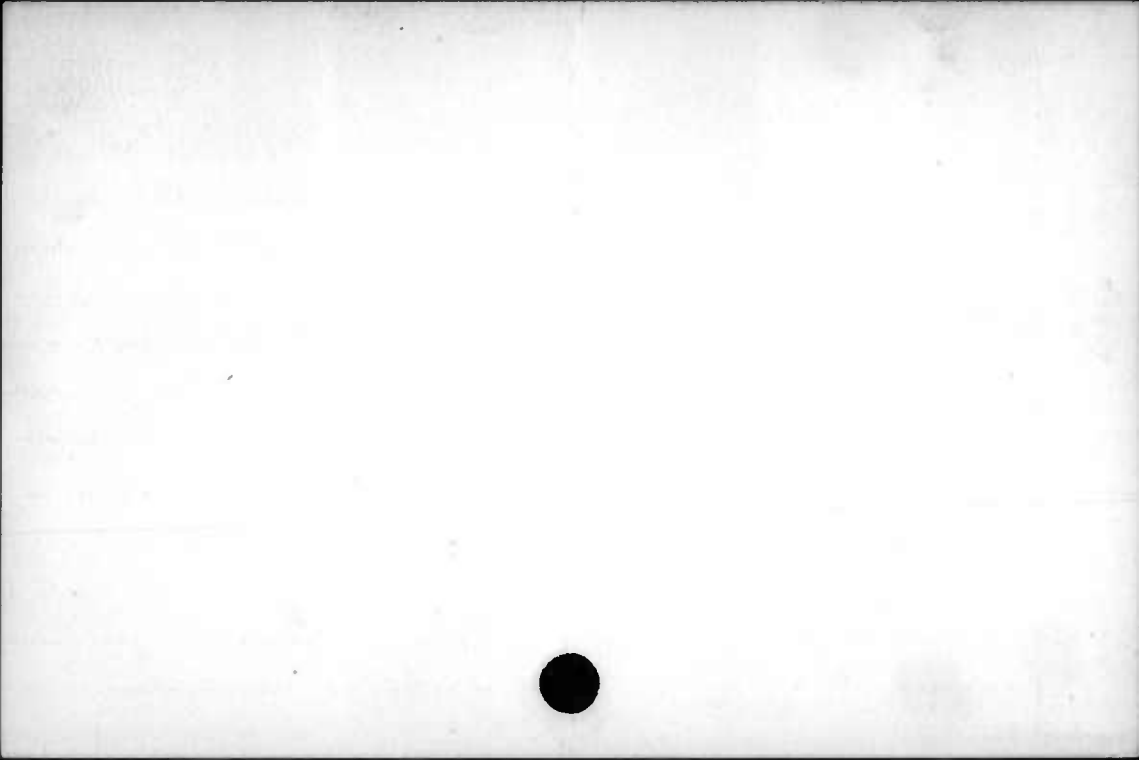
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Pt.</i>		County <i>Balto -</i>		MARYLAND	
Date of death	1905	Month	Nov.	Day	23
Age	67	Years	67	Months	11
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Florist		Where Residing if not at place of death <i>Glenburnie</i>		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>—</i>		
Father's Name	—		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name	—		Mother's Birthplace <i>Germany</i>		
Name of person giving Information	<i>Geo. W. Coffman</i>		How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>9 years</i>
Immediate	<i>Uræmia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. K. Pettikian M.D.</i>	
<i>yes</i>		Address <i>Sparrow's Pt. Md.</i>	
Accident or Suicide?			



Name
in
Full

Rosa J. Luke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beachfield</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>Nov</i>	<i>19</i>	Age	<i>75</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Scotland</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>Beachfield Ma</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>William Luke</i>		
Father's Name	<i>Adam Lindsay</i>		Father's Birthplace	<i>Scotland</i>	
Mother's Maiden Name	<i>Jean Hogarth</i>		Mother's Birthplace	<i>do</i>	
Name of person giving information	<i>Robert D. Hoffman</i>		How related to deceased	<i>Beachfield</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis of the heart</i>	How long	<i>100</i>
Immediate	<i>Paralysis of the heart</i>	How long	<i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Macgill</i>
		Address	<i>Catonville Md</i>
Accident or Suicide?			

Interment at

Wilmington Del.

Stewart & Mowen

Undertakers

213 Park Ave

Baltimore Md.

Name
in
Full

Henry Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Groene* Town*Barto* CountyDate of death *1905* *Nov* *29* Month DayAge *38* Years*3* Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Bartolity*

Occupation

*Bartender*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Henry Marshall*Father's
Birthplace*Germany*Mother's
Maiden Name*Bertha Liot*Mother's
Birthplace*"*Name of person giving
In formation*Georgy Marshall*How related
to deceased*brother*

CAUSES OF DEATH

Primary

Coronary. Valvular heart dis.

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*Geo H. Hocking*

Address

Sta 16 Barto Md

Accident or Suicide?

David McLean Co

Maintainers 833 Linden Ave

Burial in London pk Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lallie B. Merryman

Died at Belfast Town Balto CountyDate of death 1905 Mr. Month 8 Day 8 Years 88 Months DaysSex Female Color or Race White Birth-place Butter indOccupation Domestic Where Residing if not at place of death Belfast~~Married, Single or Widowed~~ Name of Wife or Husband John B. MerrymanFather's Name George Connor Father's Birthplace ButterMother's Maiden Name Lallie Smith Mother's Birthplace GermanyName of person giving information Julia Merryman How related to deceased Daughter

CAUSES OF DEATH

Primary Paralysis How long 19 daysImmediate Stroke How long 2 daysAre the name, age, sex, color, date and place correctly given above? C.

Signature of Physician

Address

R. W. Shuman
Elencor Ind.

Accident or Suicide?

Interment Borley's Cemetery

Nov 10 Please send the

Richardson Permit

Yours Very Truly,

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

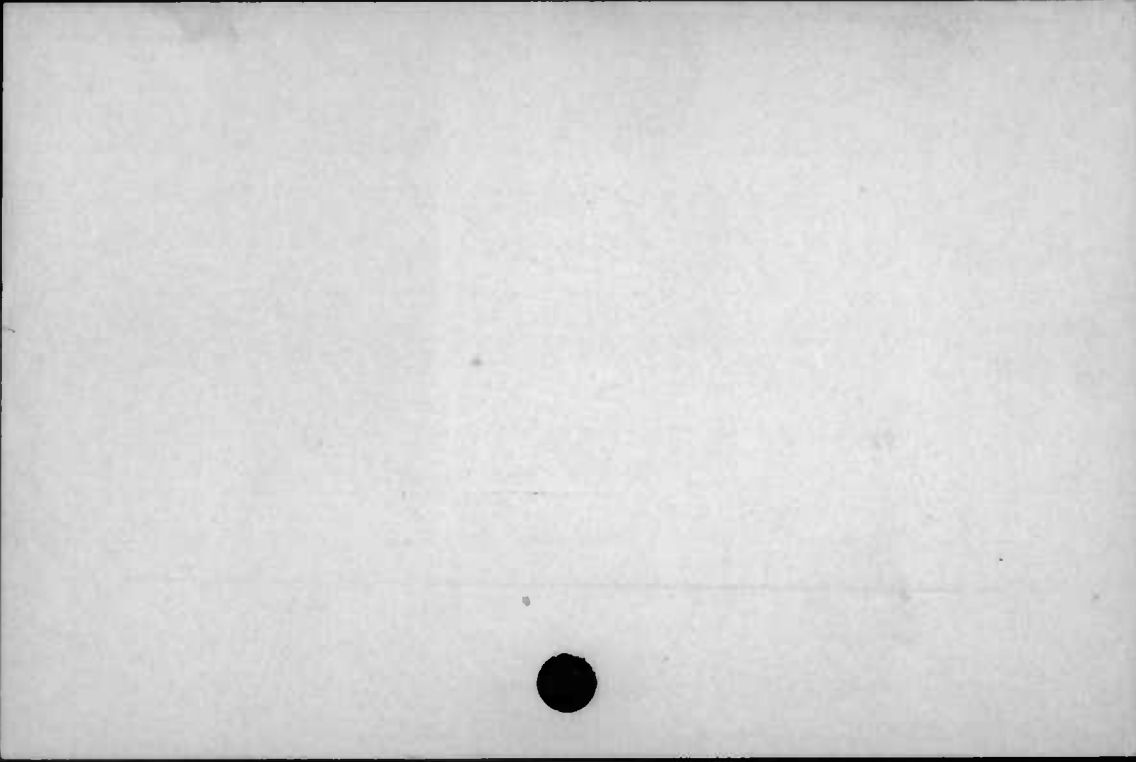
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Helen A. Mettelle</i>		Town <i>Washington Road</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Washington Road</i>		Month <i>Nov</i>		Day <i>20</i>		Years <i>4</i>	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>20</i>		Years <i>4</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Beck's Cove</i>		Months <i>1</i>	
Occupation <i>C</i>		Where Residing if not at place of death <i>Washington Road</i>		Days <i>12</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George Mettelle</i>		Father's Birthplace <i>Beck's Cove</i>					
Mother's Maiden Name <i>Minnie Bender</i>		Mother's Birthplace <i>Beck's Cove</i>					
Name of person giving information <i>George Mettelle</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Diphtheritic Croup</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B. Hall</i>
	Address <i>Int Mirians</i>
Accident or Suicide?	



Name
in
Full

Mitri Melvedo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Mar. Alberton</i>		Town <i>Baltimore</i>		County	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>26</i>	Age <i>30 (?)</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Russia</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>(?)</i>				
Married, Single or Widowed <i>?</i>	Name of Wife or Husband <i>?</i>				
Father's Name <i>?</i>	Father's Birthplace <i>?</i>				
Mother's Maiden Name <i>?</i>	Mother's Birthplace <i>?</i>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pistol shot wounds of Chest</i>	How long
Immediate <i>Internal Hemorrhage</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>(?)</i>	Signature of Physician <i>Wm B Gambrill</i>
	Address <i>Alberton, Md</i>
Accident or Suicide <i>Homicide</i>	

St John Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

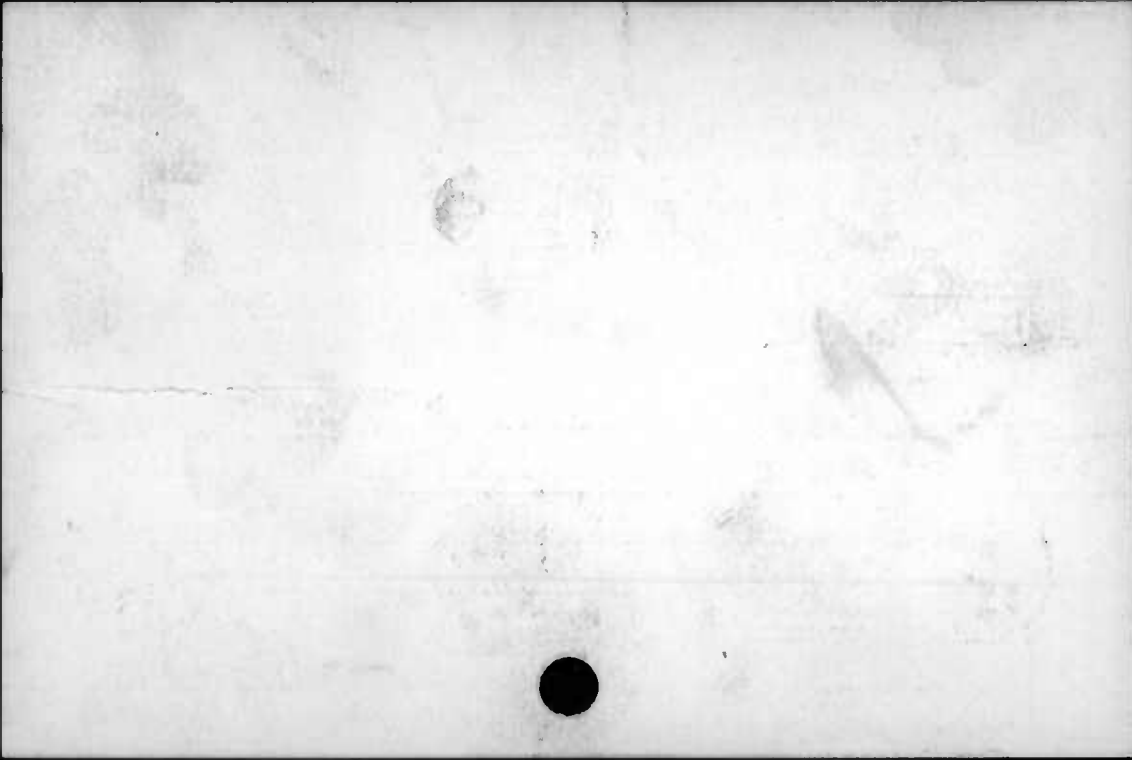
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hullsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>11</i>	Day <i>19</i>	Age <i>2</i> Years	Months	Days <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Hullsville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Justus J. Moeller</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lula E. Deering</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Justus J. Moeller</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous croup</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Hall</i>
	Address <i>Int. Mans.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

J. H. Montague

CERTIFICATE OF DEATH

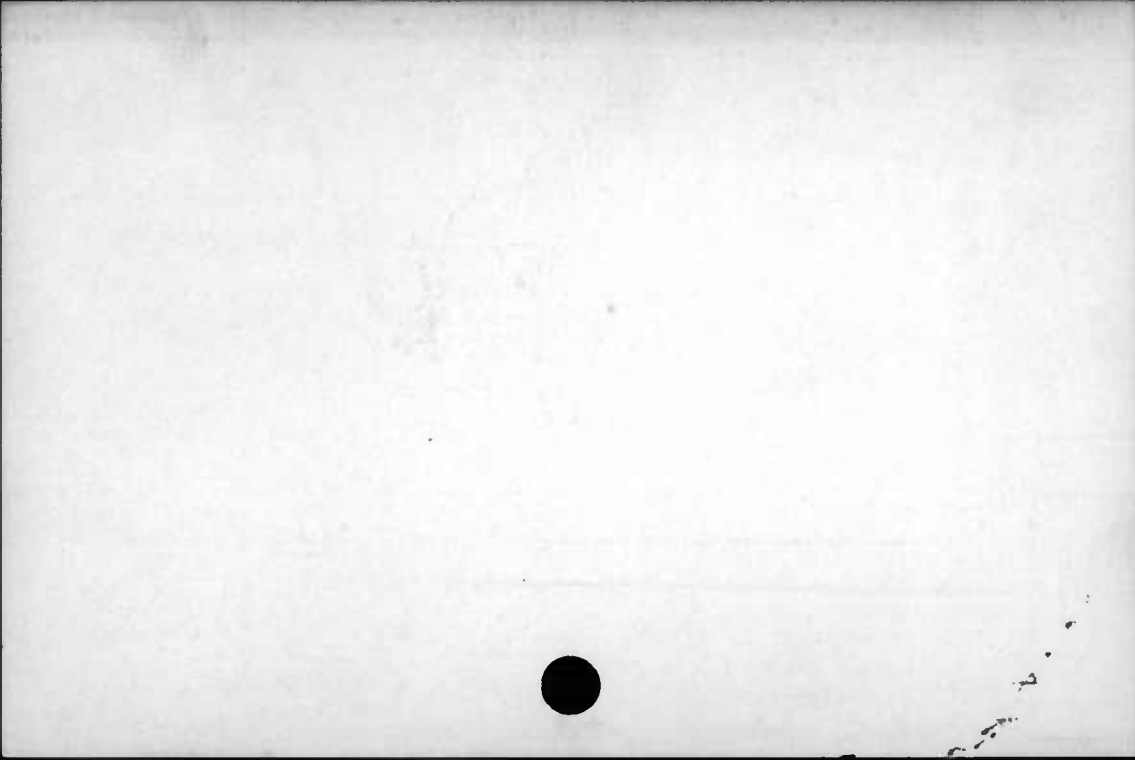
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wet Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Nov</i> ^{Day} <i>22nd</i> ^{Years} <i>45</i>	Age <i>45</i>		Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	
Occupation	<i>Clerk.</i>	Where Residing if not at place of death <i>Baltimore Md.</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Unknown</i>	Father's Birthplace		<i>Unknown</i>	
Mother's Maiden Name	<i>"</i>	Mother's Birthplace		<i>"</i>	
Name of person giving information	<i>Recd. Wet Hope Retreat</i>	How related to deceased		<i>Not at all</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>abt 3 days</i>
Immediate	<i>Ex.</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flawery</i>	
		Address <i>Wet Hope Retreat</i>	
		<i>Wet Hope Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Esther Morgaustein
Mt Hope Retreat Baltimore

MARYLAND

Date

of death 1905

Month

Nov

Day

13th

Age

Years

25

Months

5

Days

Sex

Female

Color or
Race

White

Birth-
place

Austria

Occupation

Baker

Where residing if not
at place of death

9112 Lombard St.

Married, Single
or Widowed

Name of Wife or
Husband

Hersch Morgaustein

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

Melancholia

How long

1 yr 6 mo

Immediate

Friction & Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

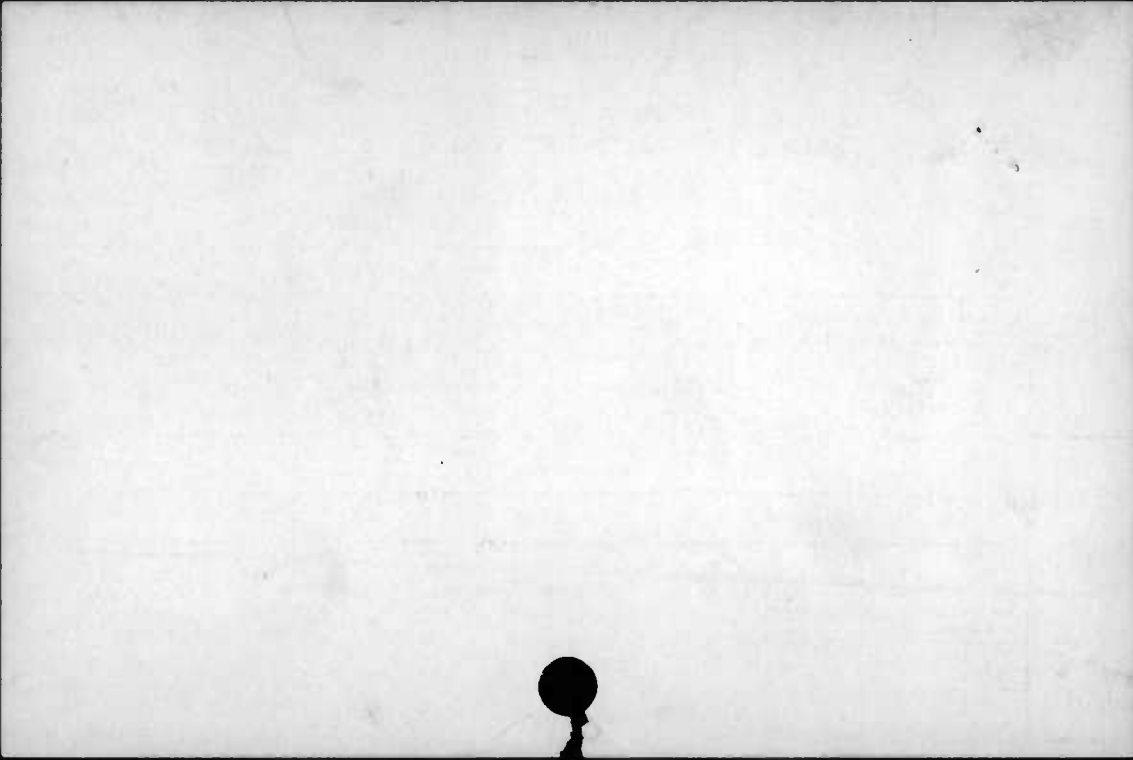
C. Benson M.D.

Address

Mt Hope Ind.

Accident or Suicide?

no



Name
in
Full

Wm. Edward Moylan

CERTIFICATE OF DEATH

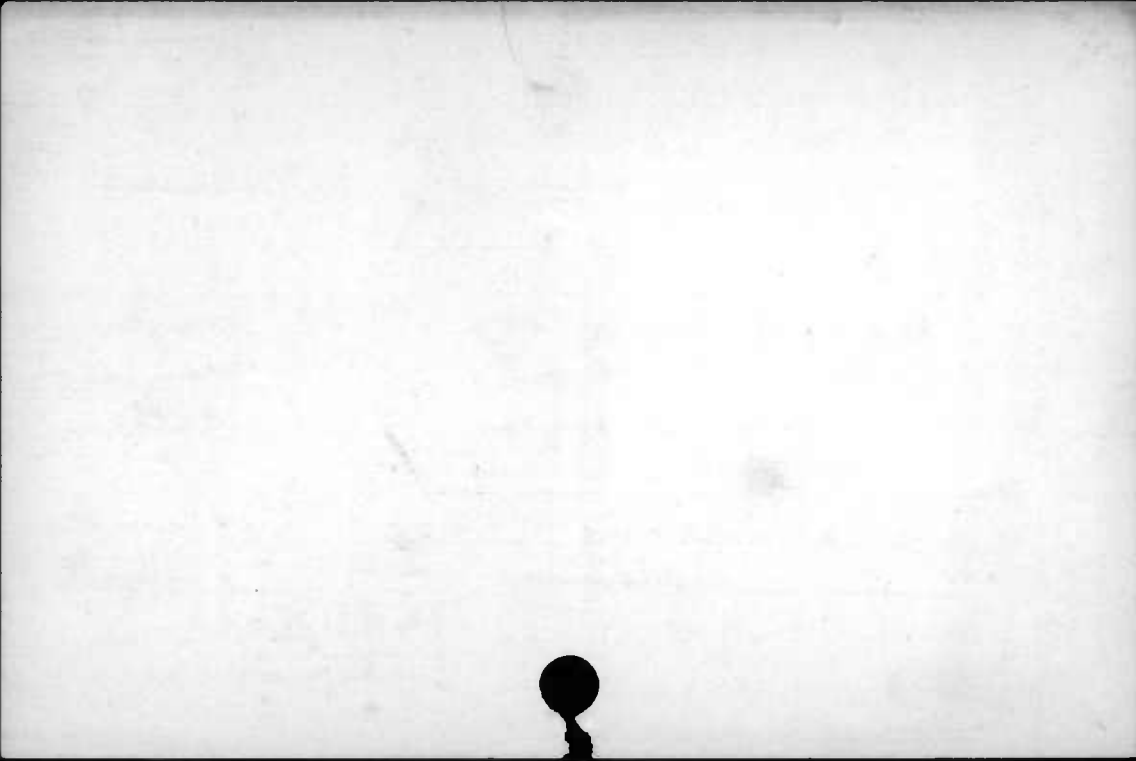
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov.</i>	Day <i>24th</i>	Age <i>2</i>	Months <i>6</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation _____			Where Residing if not at place of death <i>Sp. Pt.</i>		
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name <i>Thos. J. Moylan</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Annie Highland</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Mrs. Thos. J. Moylan</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>2 or 3 days</i>
Accident or Suicide? <i>no</i>	Signature of Physician <i>T. B. McCormick M.D.</i>
	Address <i>Sparrows Point Md.</i>



Name
in
Full

Henry F Myers.

CERTIFICATE OF DEATH

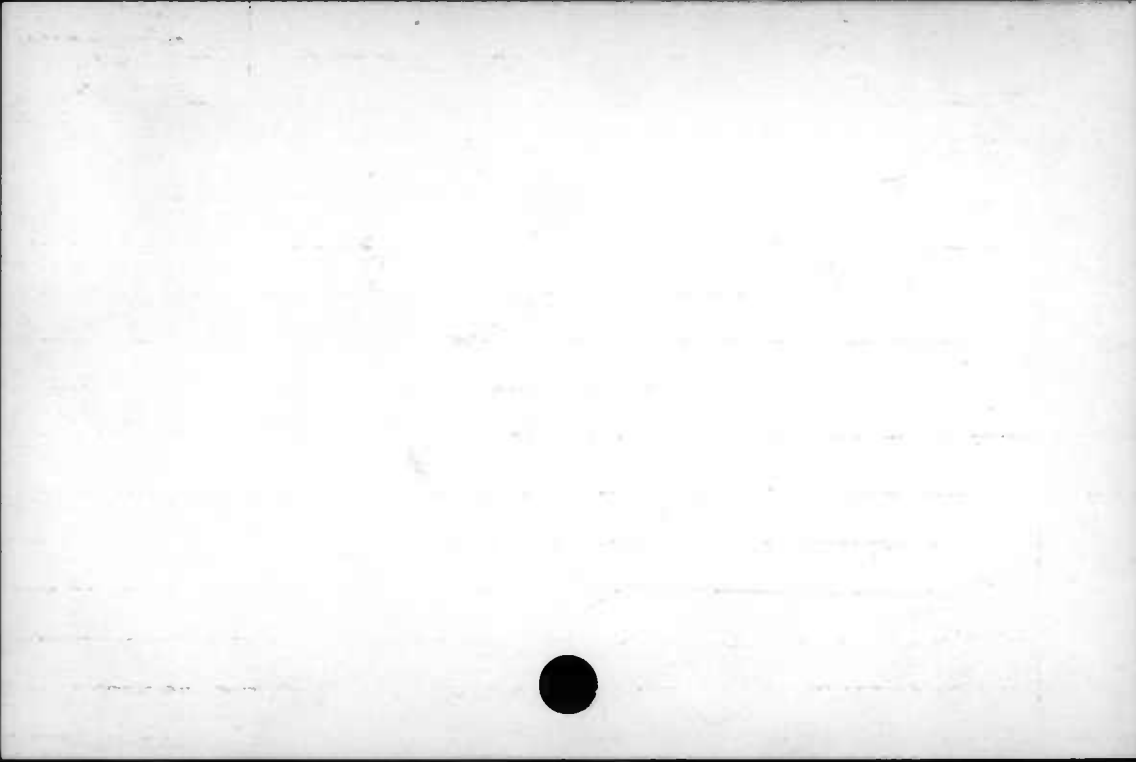
TO BE ANSWERED BY
NEAREST FRIEND

Died at Catonsville		Town Balto.		County		MARYLAND	
Date of death 1905		Month Nov		Day 7		Age 1 yrs	
Sex male		Color or Race white		Birth- place Catonsville		Months Days 24.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Harry F Myers				Father's Birthplace Maryland			
Mother's Maiden Name Carry C Hoerl				Mother's Birthplace Maryland			
Name of person giving In formation Harry F Myers				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea Colitis	How long	3 weeks
Immediate	Asthma	How long	1 week
Are the name, age, sex, color, date and place correctly given above? ye		Signature of Physician W. B. West.	
		Address Catonsville	
Accident or Suicide?			



Name
in
Full

Sydney Charles Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Catonsville

Town

Balto

County

MARYLAND

Date

of death 1905

Month

Nov.

Day

12th

Years

Age 30

Months

4

Days

Sex

male

Color or
Race

white

Birth-
place

Lock Haven Pa.

Married, Single
or Widowed

Occupation

Compositor

Name of Wife or
Husband

Elsie Myers

Father's
Name

Hiram Myers

Father's
Birthplace

Lock Haven Pa.

Mother's
Maiden Name

Mary C. Hickey

Mother's
Birthplace

Ireland

Name of person giving
In formation

John B. Myers

How related
to deceased

brother

CAUSES OF DEATH

Primary

agitated melancholia

How long

July 1st 1905

Immediate

Exhaustion from above

How long

a few days

Are the name, age, sex, color, date
end place correctly given above?

yes

Signature of
Physician

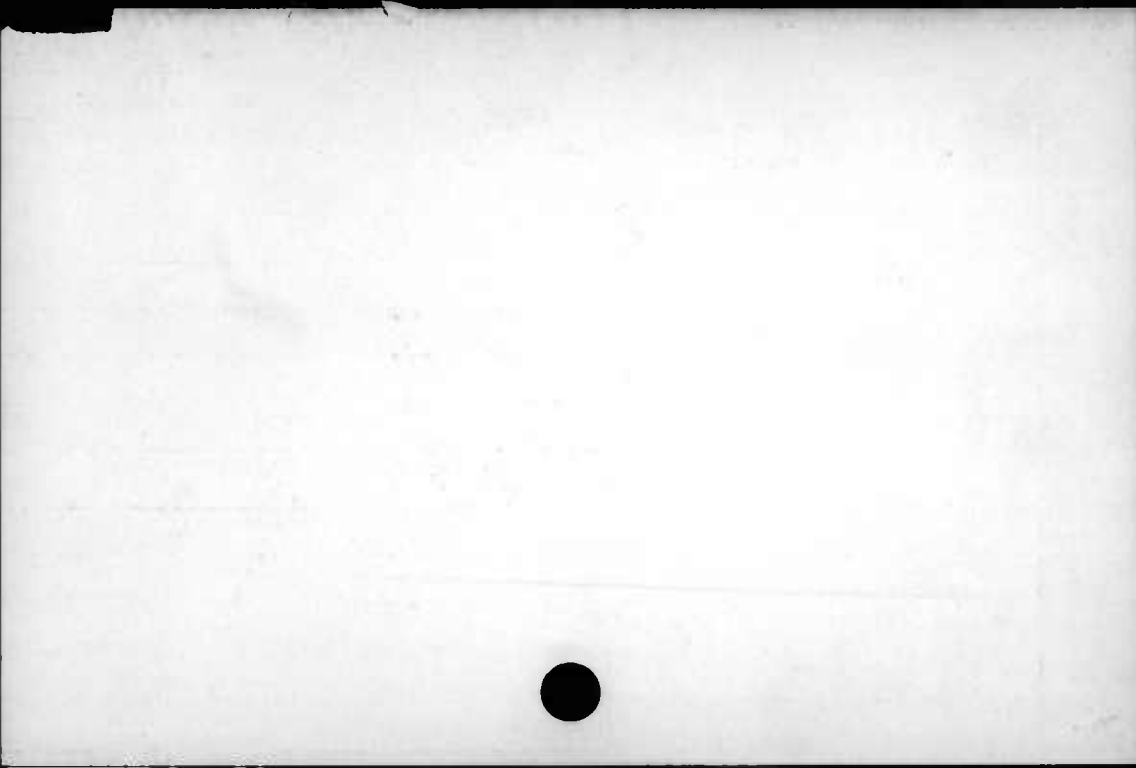
Address

W. Rushmer White M.D.

Catonsville

Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Leatonville*^{County} *Datto*Date of death ^{Month} *Nov* ^{Day} *28*Age ^{Years} *41*

Months

Days

Sex *Female*

Color or Race

white

Birth-place

*Russia*Occupation *None*Where Residing if not at place of death ☒Married, Single or Widowed *Married*Name of ~~Wife~~ or Husband*Henry Myerberg*Father's Name ☒Father's Birthplace ☒Mother's Maiden Name ☒Mother's Birthplace ☒Name of person giving information ☒How related to deceased ☒

CAUSES OF DEATH

Primary

Recurrent Mania

How long

3 yrs -

Immediate

Pulmonary Tuberculosis

How long

8 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

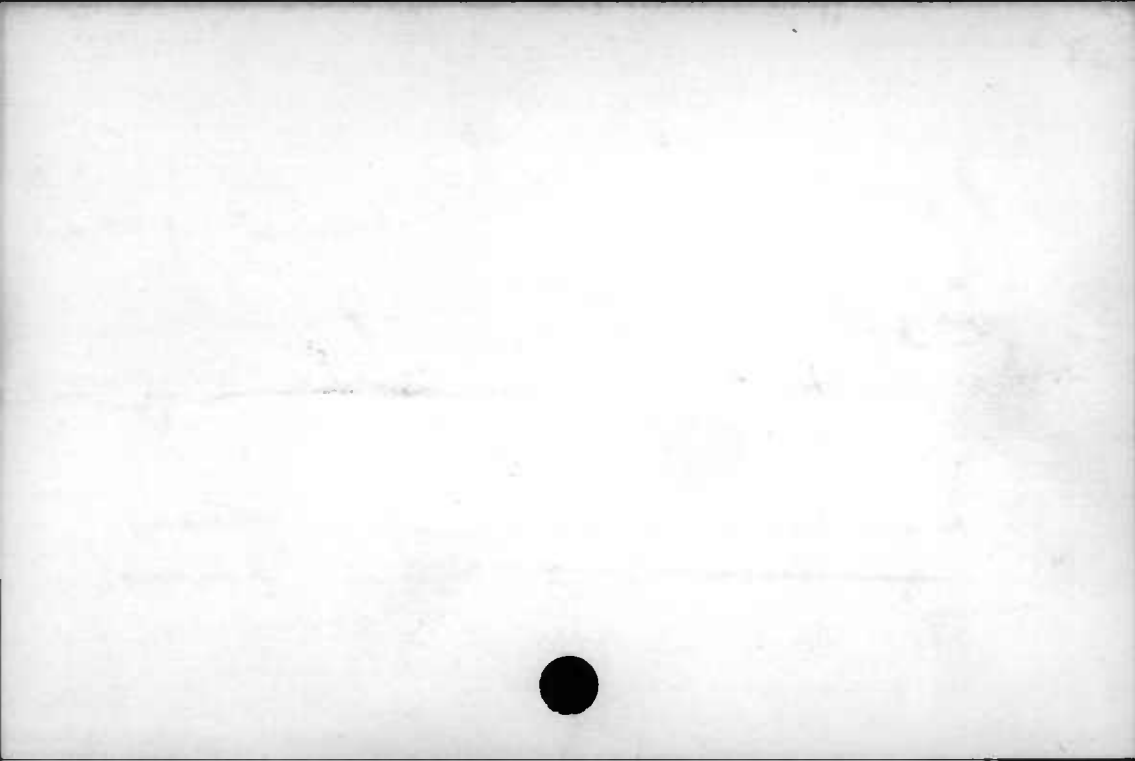
Signature of Physician

Address

*Percy Wade**Leatonville, Ind*

Accident or Suicide?

No.



Name
in
Full

Evan Ogle

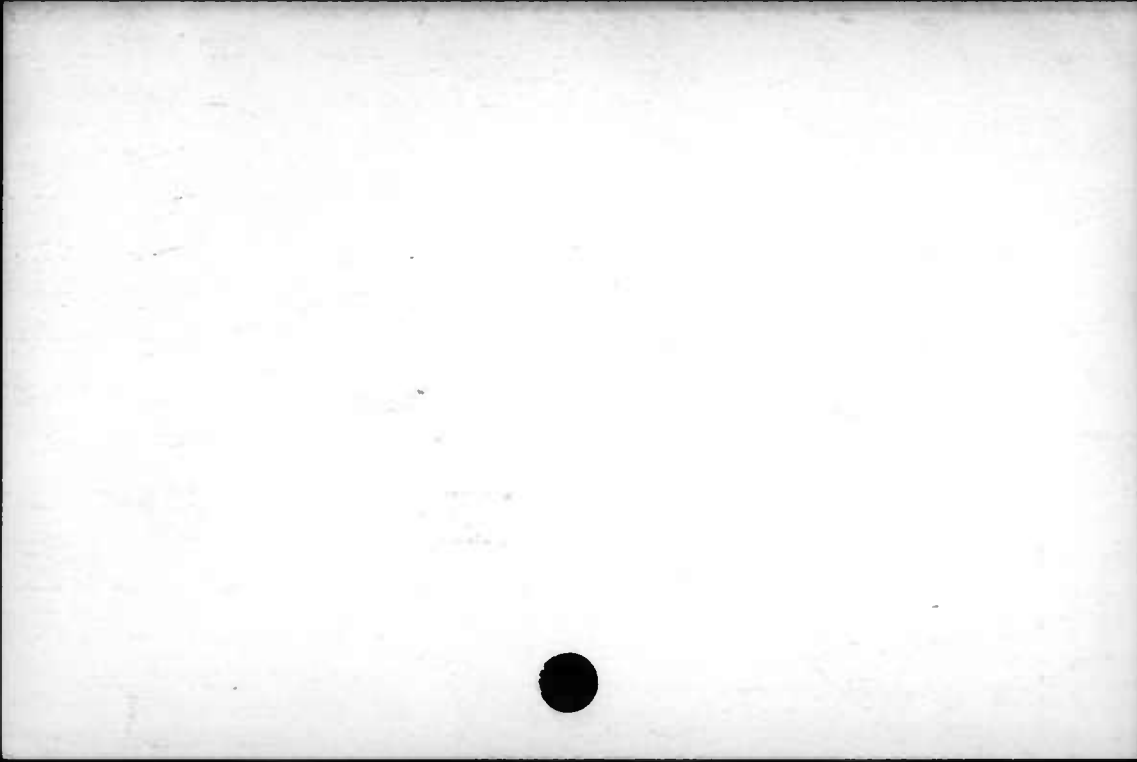
1 days to 22nd
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Albenton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>24</u>	Age <u>78</u>	Months <u>8</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>?</u>		
Occupation <u>Retired Merchant</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Amanda J. McAlister</u>				
Father's Name <u>Thomas Ogle</u>	Father's Birthplace <u>?</u>				
Mother's Maiden Name <u>Anna Webb</u>	Mother's Birthplace <u>?</u>				
Name of person giving information <u>Mrs. Jas. Durcan</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>?</u>
Immediate <u>Asthenia</u>	How long <u>?</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Gambrell</u>
	Address <u>Albenton, Md</u>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full *Catharine O'Hara*

MARYLAND

Died at *Highlandtown* *Balto*

Date of death *1905* *11* *2d* *55* *55*

Sex *Female* Color or Race *White*

Birth-place *Ireland*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Michael O'Hara*

Father's Name *Don't Know*

Father's Birthplace *Ireland*

Mother's Maiden Name *Want I know*

Mother's Birthplace *Ireland*

Name of person giving information *John O'Hara*

How related to deceased *Son*

CAUSES OF DEATH

Primary *Apoplexy*

How long *3 days*

Immediate *Exhaustion*

How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. L. Grunwald*

Address *3 And Gough*

Accident or Suicide? *No*

Highlandtown

Wendell Dippel

Bonnie Brae

Name
in Full

Margarette Annetta Aram.

CERTIFICATE OF DEATH

Died at ^{Town} Arlington ^{County} Balto.

MARYLAND

Date of death 1908 ^{Month} Nov ^{Day} 15 ^{Age} 23 ^{Years} 2 ^{Months} 10 ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Baltimore City^{Occupation} Homework. ^{Where Residing if not at place of death} Arlington (at home)^{Married, Single or Widowed} Single ^{Name of Wife or Husband} ---^{Father's Name} William B Aram ^{Father's Birthplace} Baltimore^{Mother's Maiden Name} Elenora H Hopkins. ^{Mother's Birthplace} Baltimore^{Name of person giving information} Elenora H Aram ^{How related to deceased} Mother. 19

CAUSES OF DEATH

^{Primary} Heart Disease (Mitral Insufficiency) ^{How long} years.^{Immediate} Epileptic Convulsion with Cerebral Hemorrhage ^{How long} 2 hours.

Are the name, age, sex, color, date and place correctly given above?

^{Signature of Physician}^{Address}

Accident or Suicide?

London Park Cemetery
November 17th 1905

Harry W. Mears^{2nd} Son
805 N. Calvert St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Nov.	23	51			
Sex	Color or Race	Birth-place					
Female	White	Maryland					
Occupation	Where Residing if not at place of death		Place of Death				
Housewife							
Married, Single or Widowed	Name of						
Married	Husband	Nicholas Orrings					
Father's Name	Do not know		Father's Birthplace		Md.		
Mother's Maiden Name	Cassie Crooks		Mother's Birthplace		Md.		
Name of person giving information	Clayton Orrings		How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sarcoma of Breast		How long	Three years
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			J. W. Ward, M.D.	
		Address	Harrisonville	
			Md.	
Accident or Suicide?				

1

1



Name
in
Full

Katharine Anne Pfeffer

CERTIFICATE OF DEATH

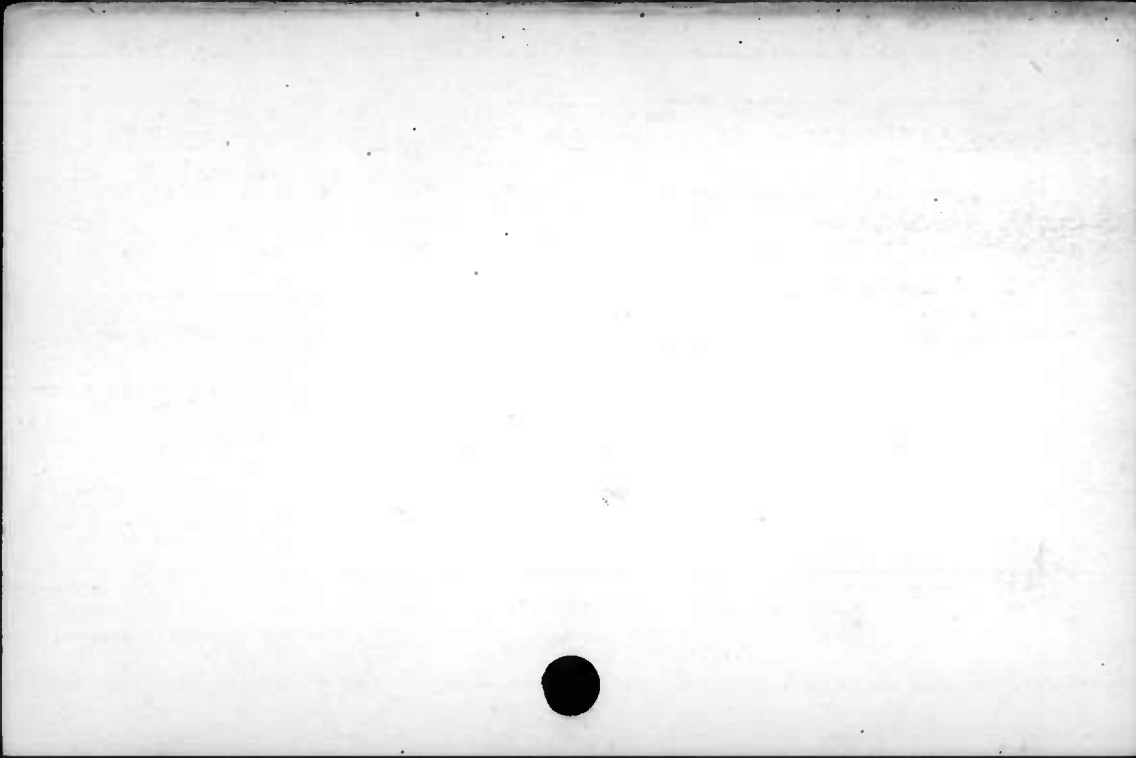
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		<i>Balto</i>		MARYLAND	
Date of death	1905	Month	Nov	Day	15
Age	6	Years	10	Months	
Sex	Female	Color or Race	white	Birth-place	Balto Co Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Kephart Pfeffer			Father's Birthplace	Balto Co Md
Mother's Maiden Name	Hanna May Russell			Mother's Birthplace	" " "
Name of person giving information	Kephart Pfeffer			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pseudo-membranous Laryngitis</i>	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>James Gore M.D.</i>
		Address	<i>Reisterstown Md.</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Catonsville Ave* ^{Town} *Baltimore* ^{County}Date of death *1905* ^{Month} *Nov* ^{Day} *30* ^{Years} *1* ^{Months} *1* ^{Days} *15*Sex *Male* Color or Race *Colored* Birth-place *Md.*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
~~or Widowed~~Name of Wife or
Husband _____Father's Name *John Henry Francis Pinkney* Father's Birthplace *Md.*Mother's Maiden Name *Emma Jane Pinkney* Mother's Birthplace *Md.*Name of person giving information *Emma Jane Pinkney* How related to deceased *Mother*

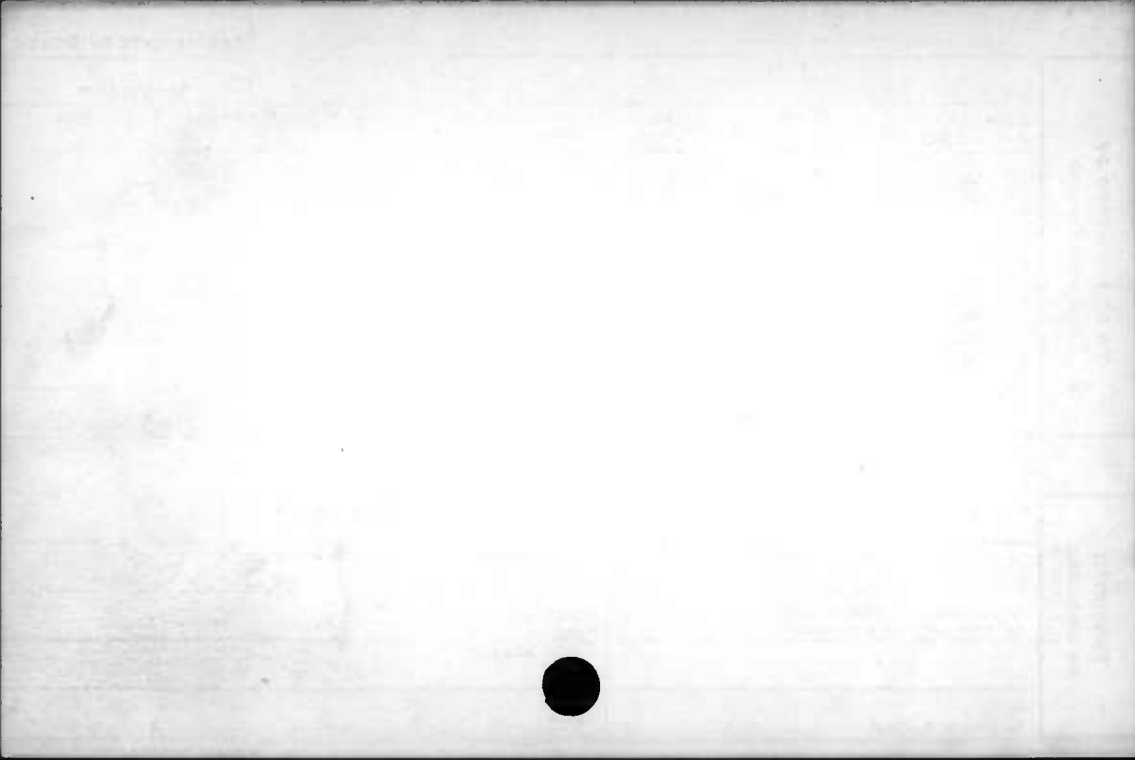
CAUSES OF DEATH

Primary *Broncho Pneumonia* ^{How long} *5 days*
Immediate *Cardiac failure* ^{How long} *15 minutes*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Wm. R. Eason
*Eek Ridge, Md.*Accident or Suicide? ☒



Name
in
Full

Prebe

CERTIFICATE OF DEATH

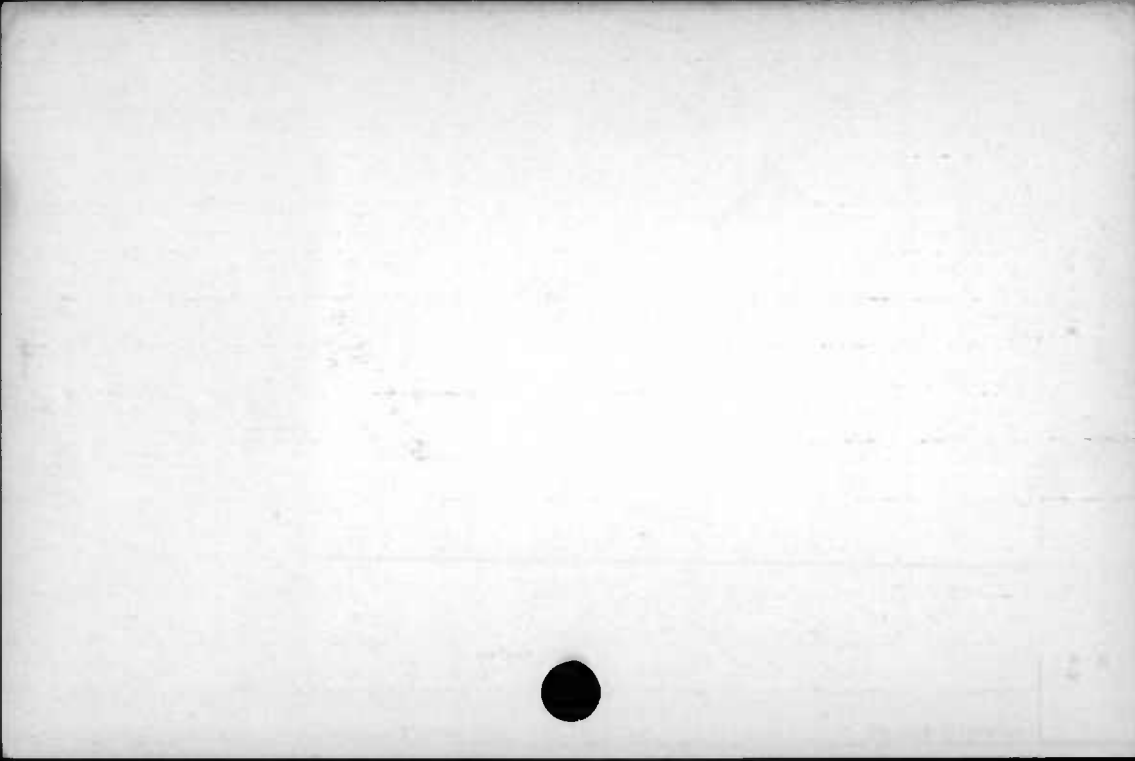
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilkins Ave. St.</i>		County <i>Balt</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Nov.</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bolt Co. Md.</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Julius Prebe</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Maria Dietrich S.</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Julius Prebe</i>			How related to deceased <i>father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pro-lapse Cord & Transverse Presentation</i>	How long
Immediate <i>Dead Born</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Herb. H. Puhl</i>
	Address <i>Lanadowne. Balt Co. Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William Duckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Towson Town Balto. County
Date of death 1904 Month Nov. Day 13 Age 59 Years Months - Days -
Sex Male Color or Race Cul Birth-place Md
Occupation Cotner Where Residing if not at place of death Towson
Married, Yes Name of Wife or Husband Mary Winder
Father's Name Lige Duckley Father's Birthplace Md.
Mother's Maiden Name Faymie Duckley Mother's Birthplace Md.
Name of person giving information Lizzie Williams How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myocardial & Arteriosclerotic Chorea How long one week
Immediate Rheumatism of heart How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. Bayless Cum M.D.
Address Towson Md.

Accident or Suicide? 2

Sauvey Fotton

John Burns Sons

Name
in
Full

George E. Raab

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edenton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1905	Month	Nov.	Day	20
Age		5		Years	
Sex		Male		Color or Race	White
Occupation		None		Birth-place	Balto. Co. Md.
Where Residing if not at place of death					
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		John E. Raab		Father's Birthplace	Germany
Mother's Maiden Name		Catherine Ribel		Mother's Birthplace	Md.
Name of person giving information		John E. Raab		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal Diphtheria</i>	How long	3 days.
Immediate	<i>Asphyxia</i>	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Marie E. Dauschuld</i>	
		Address	
		<i>121-Jackson Square</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Nov. 21st 1905

Germanus France

Undertaken

Name
in
Full

Baby Raymond

CERTIFICATE OF DEATH

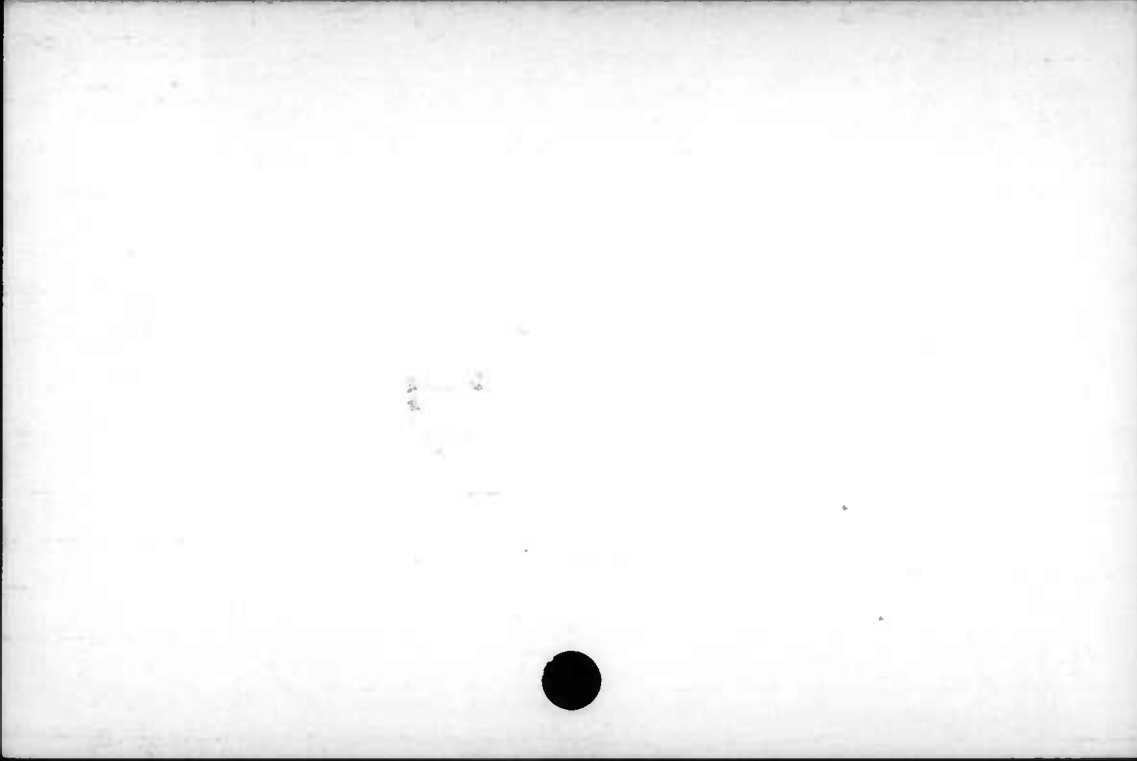
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cotonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Nov</u> <small>Month</small>	<u>15</u> <small>Day</small>	<u>—</u> <small>Age</small>	<u>—</u> <small>Years</small>
Sex <u>—</u>	Color or Race <u>Colored</u>	Birth-place <u>Cotonsville</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Chas Raymond</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Josephine Fuller</u>			Mother's Birthplace <u>Balto Co</u>		
Name of person giving information <u>Maria Fuller</u>			How related to deceased <u>Sister Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Mucaniga S.</u>	How long	<u>—</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>M. J. West</u>	
		Address <u>Cotonsville</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Wm L. Regan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>Nov.</i>		Day <i>29th</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balto Co.</i>		Months <i>3</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Patrick Regan.</i>		Father's Birthplace <i>Balto Co</i>					
Mother's Maiden Name <i>Margaret Cotter</i>		Mother's Birthplace <i>Balto Co.</i>					
Name of person giving In formation <i>Patrick Regan</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>		How long <i>1 wk.</i>	
Immediate <i>Asthma</i>		How long <i>— 1 wk.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. McCarty M.D.</i>	
		Address <i>839 S. Canton St.</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Dec 1 st 1905-

Germanus Firance

Name
in
Full

Herman J Ritz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Balt</i>		MARYLAND	
Date of death	1905	Month <i>Nov</i>	Day <i>6</i>	Age <i>53</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Balt City</i>
Occupation				Where Residing if not at place of death			
Married, Yes <i>Widowed</i>				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

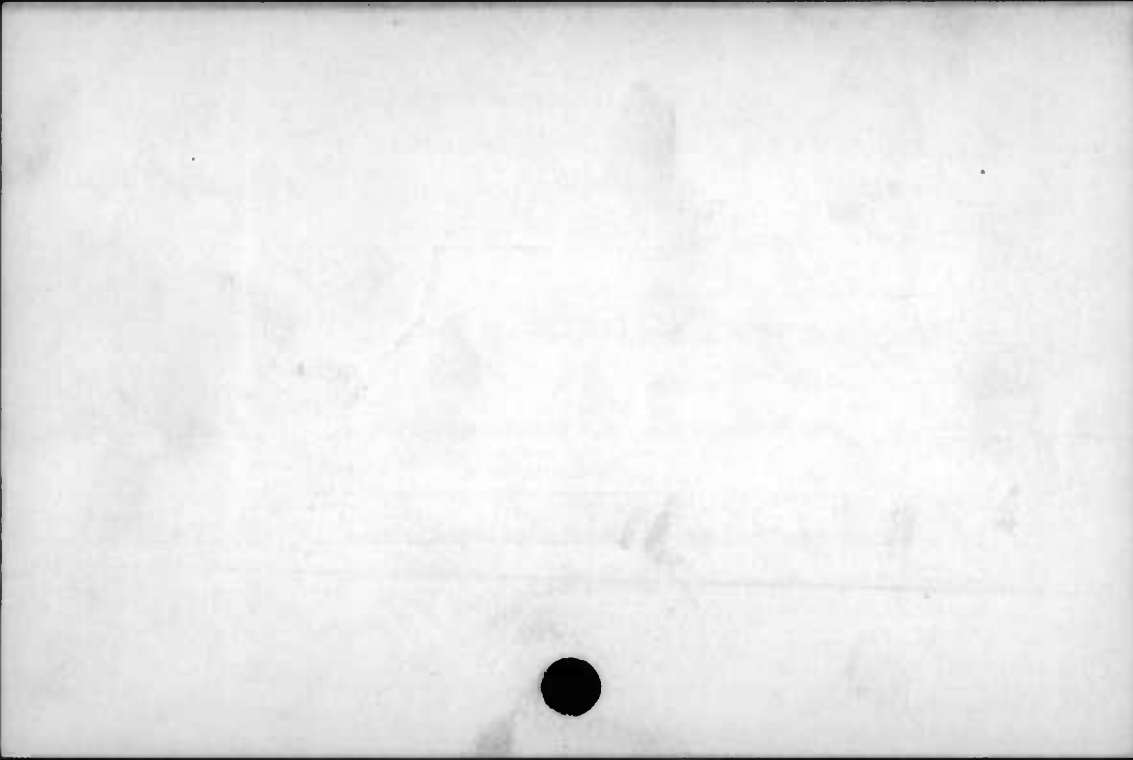
Primary	<i>nephritis</i>	How long	<i>?</i>
Immediate	<i>Sudden - uremia</i>	How long	<i>2 days</i>

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Dr R. Minnow**1900 Mt Royal Terrace
Balt*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alveta Richardson

Died at *Phoenix* TownCounty *Balto*

MARYLAND

Date of death *1905* Month *Nov.*Day *4*Age *5-2* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Balto*

Occupation

*Housekeeper*Where Residing if not
at place of death*—*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Thomas Richardson*Father's
Birthplace*Balto*Mother's
Maiden Name*Rebecca Miller*Mother's
Birthplace*Balto*Name of person giving
Information*Joshua Richardson*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. Ross Payne*

Address

Cnbelt

Accident or Suicide?

Clay murexularia
Nov. 6/1905

me
in
Full

Louis Sauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>11</i>	Day <i>6</i>	Age <i>1</i>	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co Md</i>		
Occupation			Where Residing if not at place of death <i>North Point Road</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Louis Sauer</i>	Father's Birthplace <i>Md Balto</i>				
Mother's Maiden Name <i>Cornie Guender</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Louis Sauer</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>9 da</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Maynard</i>
	Address <i>3rd & Gough Highlandtown Md</i>
Accident or Suicide? <i>No</i>	

Chas. L. Amis Golden Ring
St. Alphonsus Cern. — 1

Name
in
Full

CERTIFICATE OF DEATH

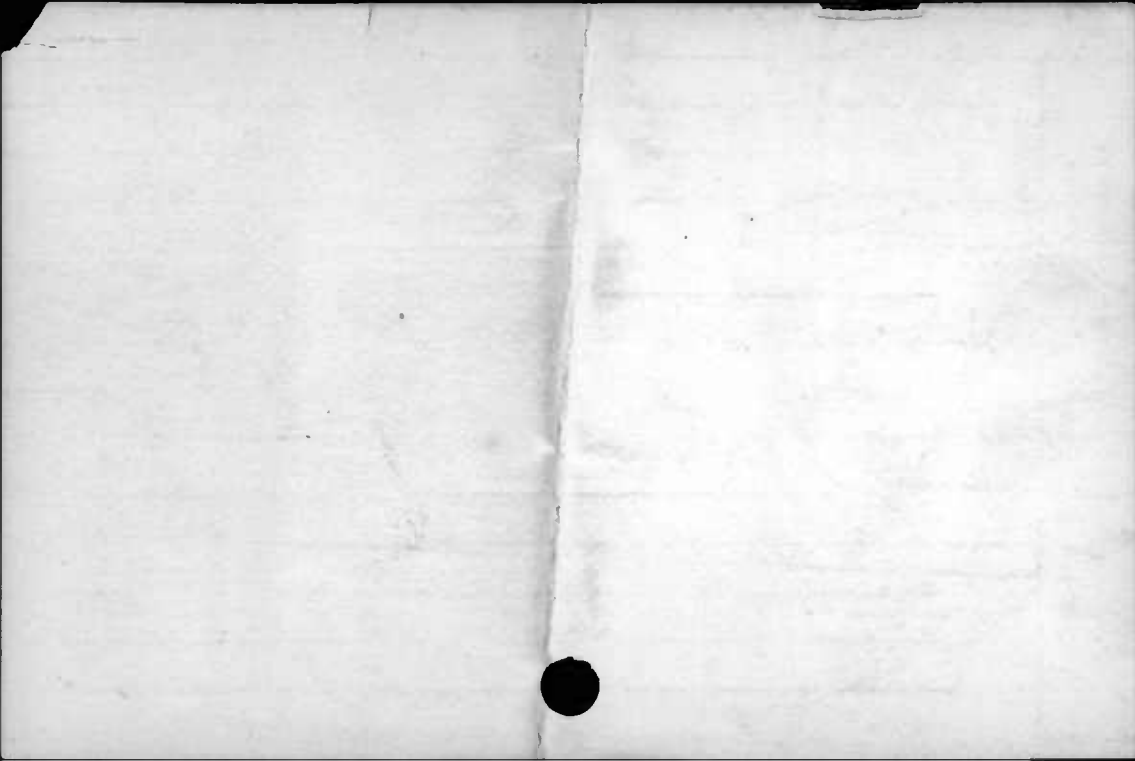
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date	1903	Month	Nov.	Day	13	Age	Years	Months	Days
of death		1903		Nov.		13		five eight	
Sex	Female		Color or Race	white		Birth place	wt women		
Occupation			Where Residing if not at place of death		wt women				
Married, Single or Widowed			Name of Wife or Husband						
Father's Name	Henry Schadel					Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information	Henry Schadel					How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marrasmus	How long	3 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. K. Lamm
		Address	wt women
Accident or Suicide?			



Name
in
Full

Regina Schmidt

CERTIFICATE OF DEATH

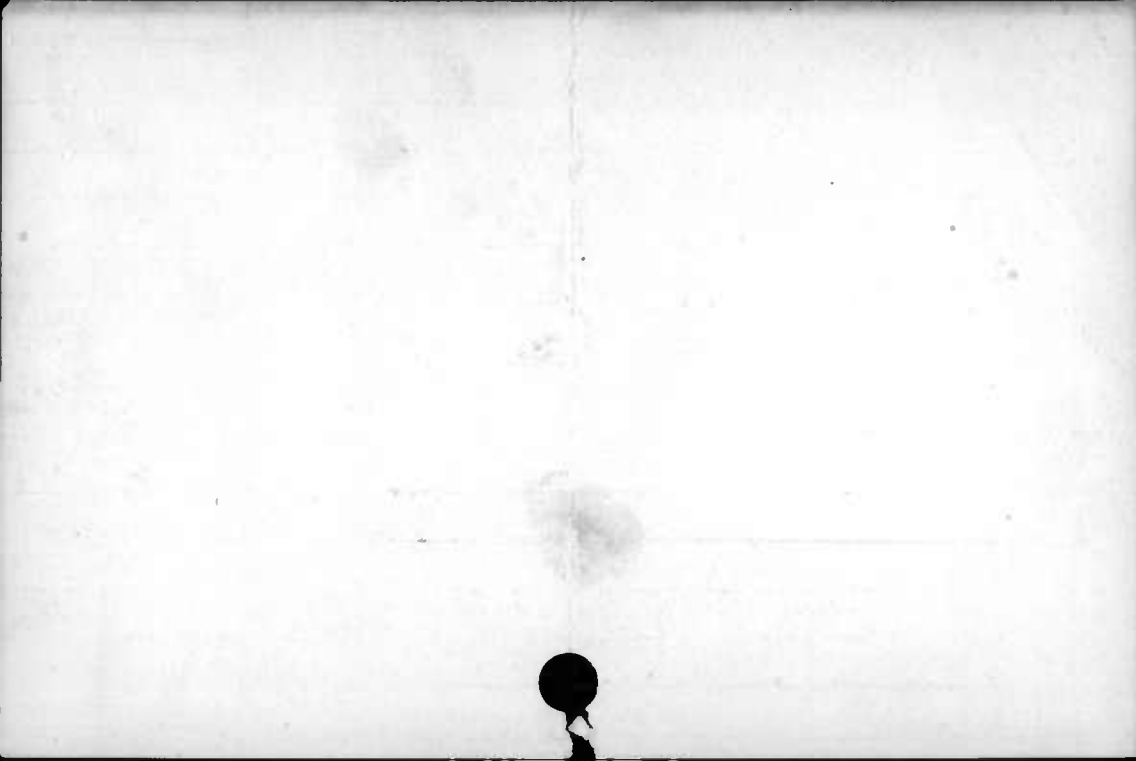
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Long Green</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Nov.</i> ^{Month}	<i>7</i> ^{Day}	Age <i>78</i> ^{Years}	<i>10</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widow</i>		Name of man <i>John Schmidt, deceased</i> ^{Husband}			
Father's Name <i>George Seemuller</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Eliz. B. Schmidt</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long <i>40</i>	<i>4 months</i>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above? _____		Signature of Physician <i>Jm. A. Sherr</i>	
_____		Address <i>Isitts</i>	
_____		<i>Md.</i>	
Accident or Suicide? <i>on</i>			



Name in Full

Jennie Seufert

Town

County

MARYLAND

Died at

Annapolis

Balto

Date

1905

Month

Day

10, 11

Y.

M.

D.

Age

40 - -

Native of

Occupation

Germany Housewife

Female

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2,

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Myelitis of Spine

Exhaustion

How long sick

2 months

~~Accident, Suicide, Homicide~~

Reported by

Address

J. C. Schofield

1400 Forest St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

Martin Sellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>Nov</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>31</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Regina Miller</i>		
Father's Name	<i>Joseph Sellman</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Theresa Schauer</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Regina Sellman</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute Parenchymatous Nephritis</i>	How long	<i>4 da</i>
Immediate	<i>uraemia</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. L. Gray, M.D.</i>
	<i>NO</i>	Address	<i>3 Andrough, Highlandtown</i>
Accident or Suicide?	<i>NO</i>		

Sacred Heart Cemetery

Nov. 28 ^h 1905

Germanus France

Undertaker

Name
in
Full

George Bishop Skidman

CERTIFICATE OF DEATH

Town

County

Died at

Hawthorne

Bath

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

11

9

Age

33

Sex

Male

Color or
Race

White

Birth-
place

Bath Md

Occupation

Mechanic

Where Residing if not
at place of death

Hawthorne

Married, ☒

Name of Wife

Ida Giffith Skidman

Father's
Name

John Franklin Skidman

Father's
Birthplace

England

Mother's
Maiden Name

Selena Crook

Mother's
Birthplace

11

Name of person giving
In formation

Harry Oving Skidman

How related
to deceased

brother

CAUSES OF DEATH

Primary

Pneumonia tuberculosis

How long

about 1 week

Immediate

11

11

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

N. O. E. M.

Address

Bethesda Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dear Doctor:

Will you kindly
fill out this card for Mr. George B.
Stidman and leave the same
with Mr. Foley +

Funeral Directors & Embalmers,

MARTIN FAHEY & SONS,

oblige Mrs. J. H. Stidman

606 & 608 W. Lafayette Ave.

TELEPHONE 1003

Name
in
Full

Andrew Friends (Charleston SC)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sheppard & Pratt Asylum</i>		Town <i>Towson</i>	County <i>Baltimore</i>	MARYLAND	
Date of death <i>1905 Nov</i>	Month <i>Nov</i>	Day <i>26</i>	Age <i>44</i>	Years <i>7</i>	Months <i>17</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Charleston S.C.</i>			
Occupation <i>Banker</i>	Where Residing if not at place of death <i>Charleston S.C.</i>				
Married, <input checked="" type="checkbox"/> Male or Widowed <i>married</i>	Name of Wife or Husband <i>Louise B. Friend</i>				
Father's Name <i>Andrew Friend</i>	Father's Birthplace <i>North Carolina</i>				
Mother's Maiden Name <i>Ellie M. Calhoun</i>	Mother's Birthplace <i>S.C.</i>				
Name of person giving information <i>Louis S. Friend</i>	How related to deceased <i>Brother</i>				

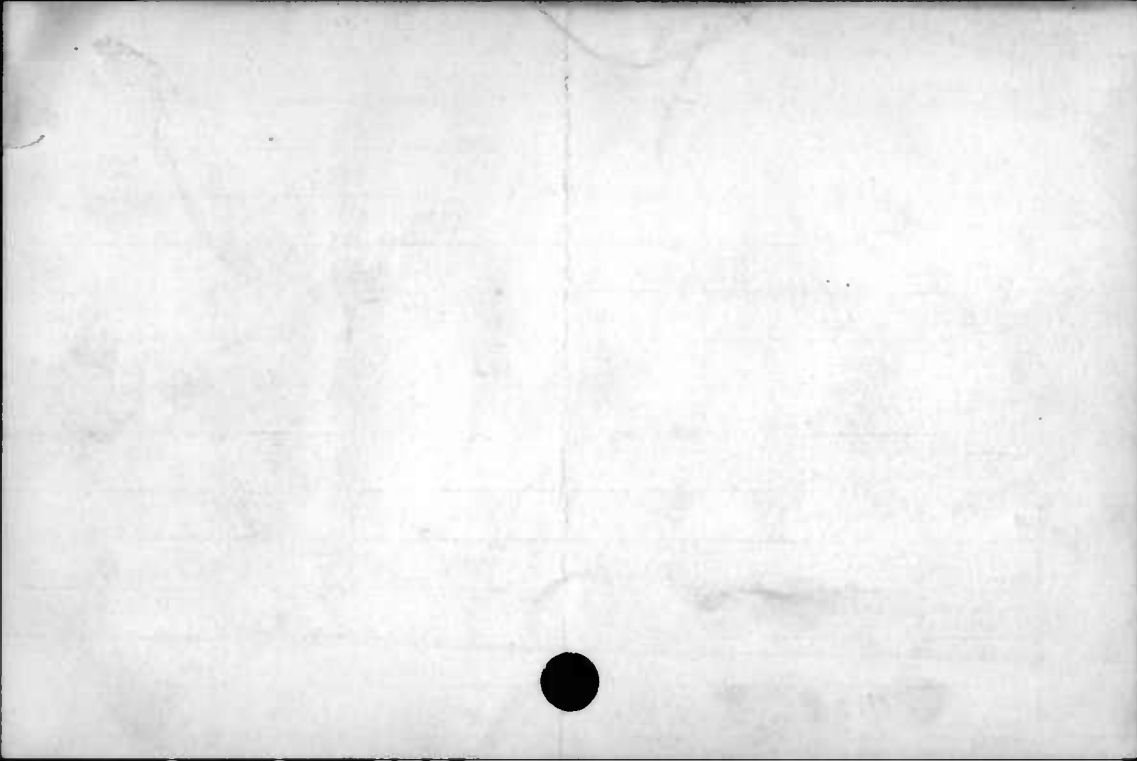
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 Yrs +</i>
Immediate <i>Apoplexy from Convulsions</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. T. Brink</i>
Address <i>Sheppard & Enock Pratt</i>	<i>Apk 2</i>
<i>Towson Balto Co Md</i>	
Accident or Suicide? <input type="checkbox"/>	

H. W. Jenkins Sons
removal of body
to Charleston S.C.

Name in Full		Edward Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Woodlawn		Baltimore		MARYLAND	
	Date of death	1905	Nov.	7	Age	—	2
	Sex	male		Color or Race	white		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Luther Smith				Father's Birthplace	—
	Mother's Maiden Name	Catherine V. Wallace				Mother's Birthplace	—
Name of person giving information	J. R. Ridgely M.D.				How related to deceased	not at all	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Primate Birthe				How long	
	Immediate	Inanition				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. R. Ridgely M.D.
	Address	Forest Park				Baltimore, Md.	
Accident or Suicide?		—					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Child of Thos. & Amelia Stein

Died at

Town Highlandtown

County Balto

Date

of death 1905

Month 11

Day 8

Age

Years

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Balto. Co.

Occupation

Where Residing if not
at place of death

507 Mt. Pleasant Ave

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Thos. Stein S.

Father's
Birthplace

Md.

Mother's
Maiden Name

Amelia Storack

Mother's
Birthplace

"

Name of person giving
Information

Thos. Stein

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth - Still born at 6th Month

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

S.

Signature of
Physician

Address

Geo. L. McArthur
6 N. Broadway
Baltimore

Accident or Suicide?

Mr. Samuel Leem.

J. Herwig & Son

11/9/05

Name
in
Full

Elizabeth Hedtler

CERTIFICATE OF DEATH

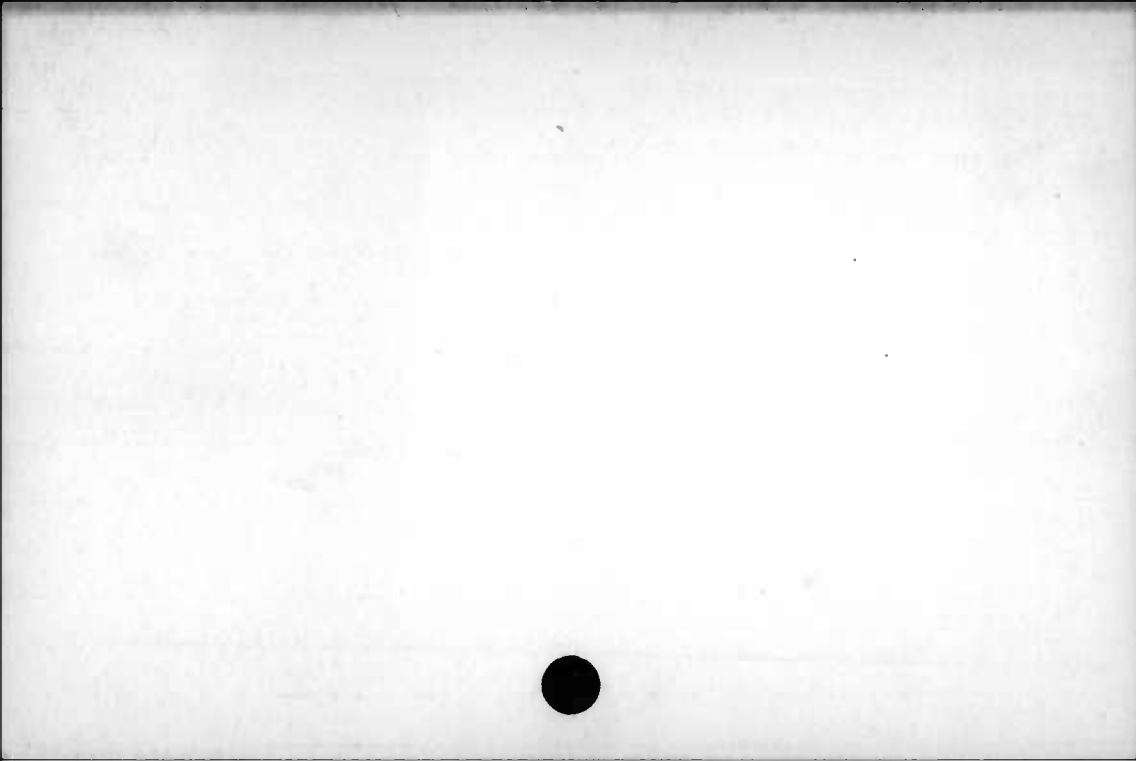
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barney</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month}	<i>000</i> ^{Day}	Age <i>71</i> ^{Years}	<i>8</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed	<i>Gotfried Hedtler</i>		Occupation <i>House Keeper</i>		
Name of Wife Husband	<i>Gotfried Hedtler</i>				
Father's Name	<i>_____</i>				
Mother's Maiden Name	<i>_____</i>				
Name of person giving information	<i>Caroline Ruth</i>			How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble & Senility</i>	How long <i>2 weeks</i>
Immediate <i>Loss of Compensation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. G. Whiteford</i>
	Address <i>Parkville, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Stricker*
Town *St. Agnes Hospital*

County *Baltimore*

MARYLAND

Date of death *1908*

Month *11*

Day *16*

Age *25*

Months

Days

Sex *Male*

Color or Race *White*

Birth-place *Annica*

Occupation *Laborer*

Where Residing if not at place of death

Married, Single or ~~Widowed~~

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary *Tubercular Meningitis*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

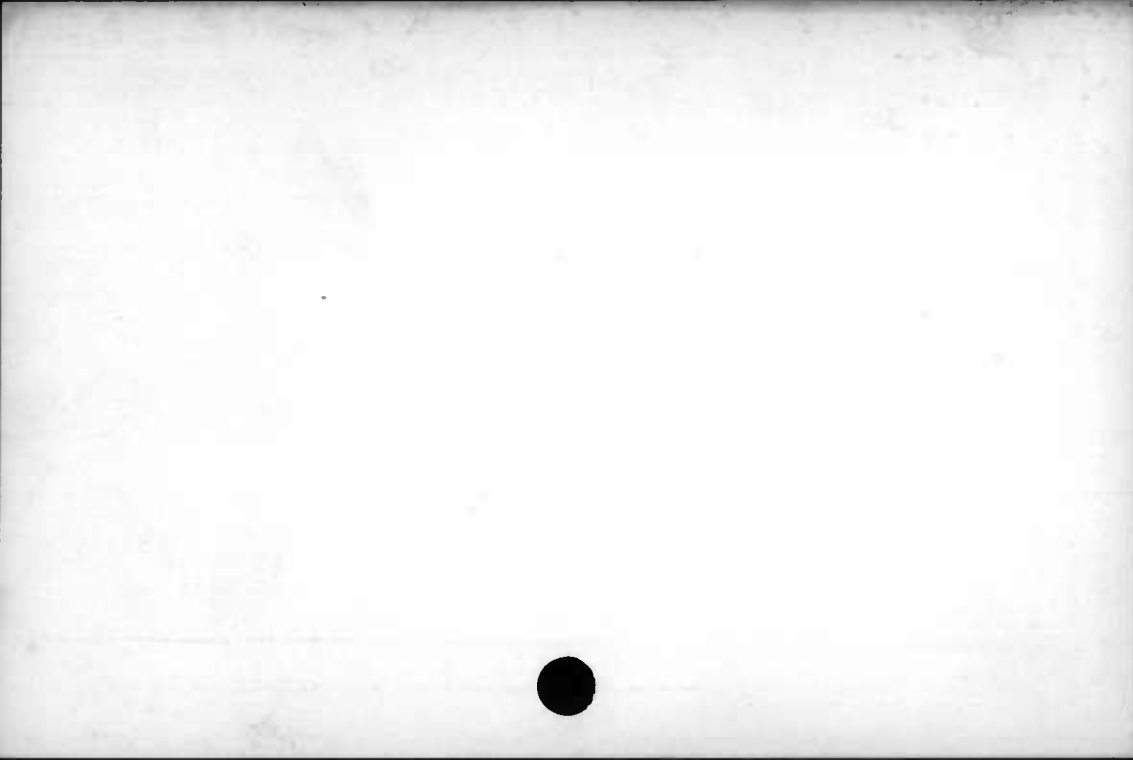
Signature of Physician

Frank Norsey M.D.

Address

St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Sarah Ellen Sutew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1905		August		15		Age 47	
Sex		Color or Race		Birth-place			
Female		White		Baltimore			
Occupation		Where Residing if not at place of death					
Housewife		Rockdale					
Married, Single or Widowed		Name of Wife or Husband					
Single		Joshua Sutew					
Father's Name		Father's Birthplace					
Wm J. Crooks		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Delilah Crooks		Baltimore					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Pneumonia		four days	
Immediate		How long	
Heart failure			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. J. Webb	
		Address	
		Randallstown	
		Baltimore	
Accident or Suicide?			



Name
in
Full

Walter B Swindell

CERTIFICATE OF DEATH

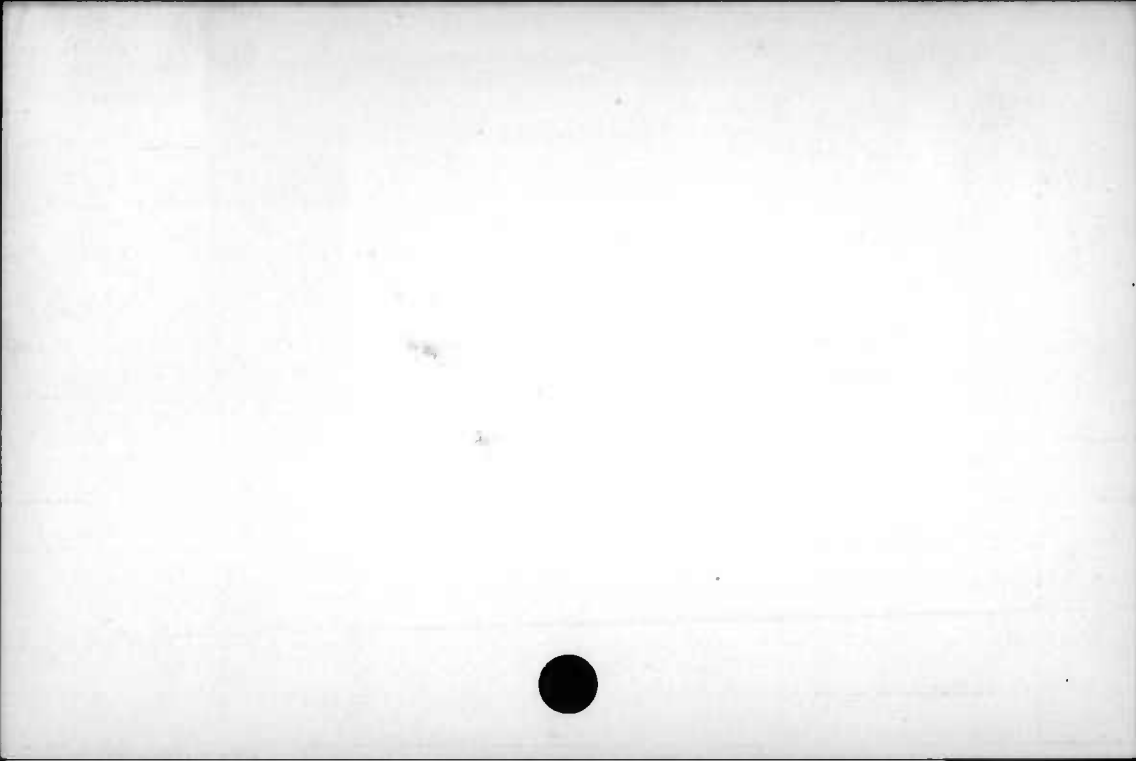
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death 1905	Month Nov	Day 17	Age	Years 24	Months	Days 2	
Sex Male		Color or Race W		Birth- place Catonsville			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Walter B Swindell				Father's Birthplace Md			
Mother's Maiden Name Gustave Velasco				Mother's Birthplace Boston			
Name of person giving In formation Walter B Swindell Jr				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Pulmonary Congestion		How long	About two hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		Chas Macgill	Catonsville	
Accident or Suicide?		Baltimore Md		



Name
in
Full

Marie Toumy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>6th</u>	Age	Months <u>13</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Balto City</u>			
Occupation <u>-</u>		Where Residing if not at place of death <u>-</u>			
Maid , Single or Wid		Name of Wife or Husband <u>-</u>			
Father's Name <u>Wm Toumy -</u>		Father's Birthplace <u>Va</u>			
Mother's Maiden Name <u>Emilie Young -</u>		Mother's Birthplace <u>Va</u>			
Name of person giving information <u>Marie Howell</u>		How related to deceased <u>Aunt</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>2 mos</u>
Immediate <u>Pneumonia & Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. N. Atter</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Albert Turner		Town Highlandtown		County Balto.		State MARYLAND	
Died at Highlandtown		Date of death 1905 Nov. 16		Age —		Months 5	
Sex Male		Color or Race white		Birth-place Balto. Co.		Days —	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Frank C. Turner		Father's Birthplace Ind.					
Mother's Maiden Name Mary H. Bowman		Mother's Birthplace Ind.					
Name of person giving information Frank C. Turner		How related to deceased Father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 5 Days
Immediate Spasms	How long 5 Days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician G. W. Kennard
	Address 708 Endor St
Accident or Suicide? —	

Have De Grace.

Name
in
Full

Mary Brasey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ludound</i> ^{Town} <i>Towson</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>11</i>	Day <i>9</i>	Age <i>21</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Ireland</i>	Months <i>—</i> Days <i>—</i>
Married, Single or Widowed <i>Single</i>		Occupation <i>childs nurse</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

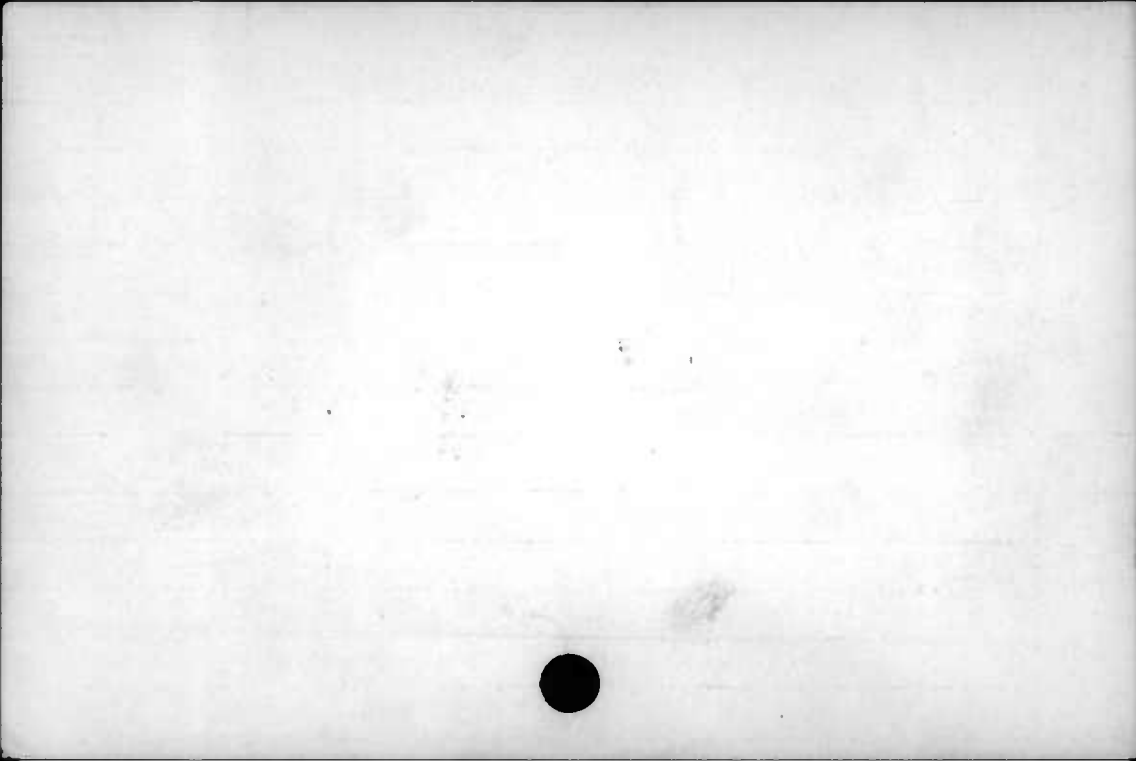
PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Farrell</i>
Accident or Suicide? <i>no</i>	Address <i>Towson, Md</i>

W. J. Schaefer

Italy lessons

Name in Full		Vincent Montgoy Webb				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Arlington		Dacts		MARYLAND		
		Date of death		1905	Month	Nov	Day	6
		Age		70	Years	7	Months	25
		Sex		Male		Color or Race		White
		Birth-place		Virginia				
		Occupation		Builder		Where Residing if not at place of death		
		Arlington						
		Married, Single or Widowed		Widowed		Name of Wife or Husband		
		Sarah A. Gateman						
		Father's Name		Harman Webb.		Father's Birthplace		
		Virginia						
		Mother's Maiden Name				Mother's Birthplace		
		Virginia						
		Name of person giving information		Mr John Carter		How related to deceased		
		Niece.						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Acute Brights		How long		
		10 days						
		Immediate		Inflammation of Livers & Peritonitis		How long		
		2 days						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. W. Cox M.D.
		Address		Arlington				
		Accident or Suicide?						



Name
in
FullGeorge Weber
Highlandtown

CERTIFICATE OF DEATH

Died at

Balto.

MARYLAND

Date

of death 190

5

Month

11

Day

10th

Age

Years

57

Months

10

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Saloon Keeper

Where Residing if not
at place of death

Eastern Ave. & 8th.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna R. Weber

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Danial Weber

How related
to deceased

Son

CAUSES OF DEATH

Primary

Acute Myocarditis

How long

Five weeks

Immediate

Hydroperitonitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. Williams
1108 Chesapeake

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. HERWIG & SON.

Mt. Carmel Cemetery

Nov. 14th. 1905

Name
in
Full

Henry Wickman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisonville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>Nov</i> ^{Month}	<i>28</i> ^{Day}	Age <i>30</i> ^{Years}	<i>7</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Saturn</i>		
Name of Wife or Husband _____					
Father's Name <i>Samuel Wickman</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Clay</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank Wickman</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH


PHYSICIAN
OR CORONER

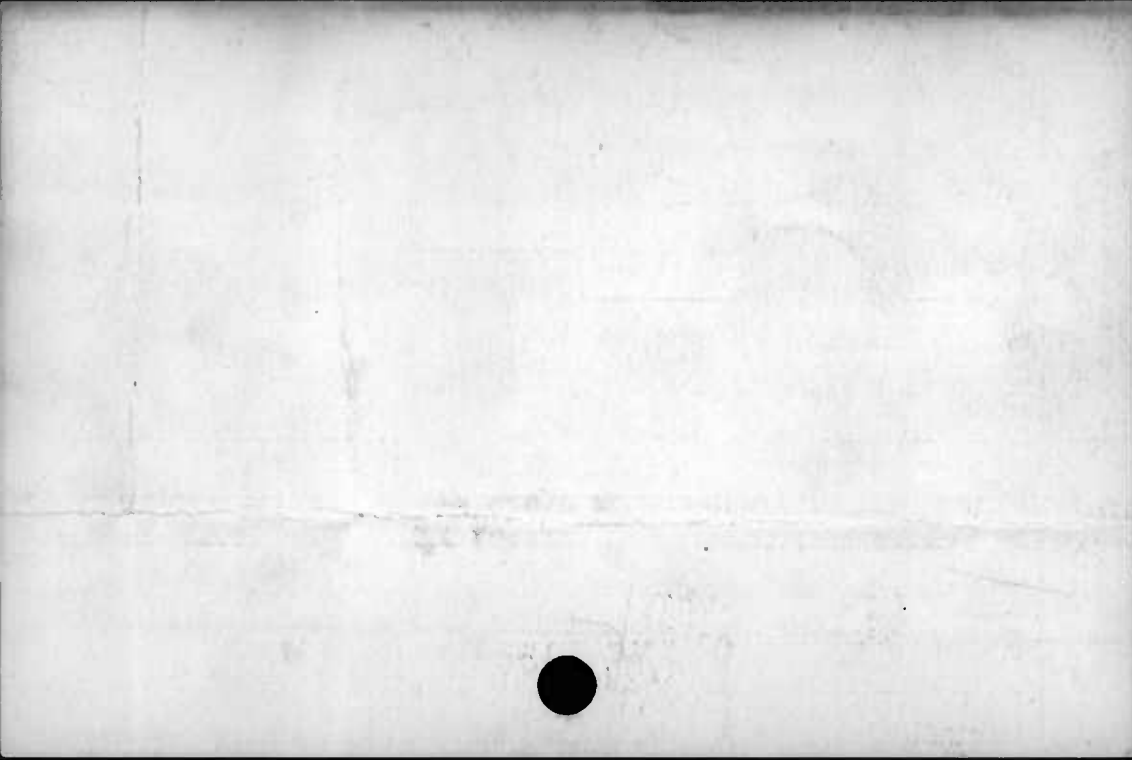
Primary <i>Typhoid Fever</i>	How long <i>Three weeks</i>
Immediate <i>Perforation & Amputation</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Ward, M.D.</i>
	Address <i>Harrisonville, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full <i>Rev J. E. Wheeler D.D.</i>		CERTIFICATE OF DEATH	
Died at <i>Harrisonville</i> Town <i>Baltimore Co.</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Nov</i> Day <i>22</i> Age <i>63</i> Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Alexandria Va</i>	
Occupation <i>Minister</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Wheeler</i>		
Father's Name <i>Thomas Wheeler</i>	Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Hester Bryant</i>	Mother's Birthplace		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Angina Pectoris</i> 	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. A. Wells</i>
	Accident or Suicide?	Address <i>Harrisonville</i>



Name
in
Full

Ella Whittington.

CERTIFICATE OF DEATH

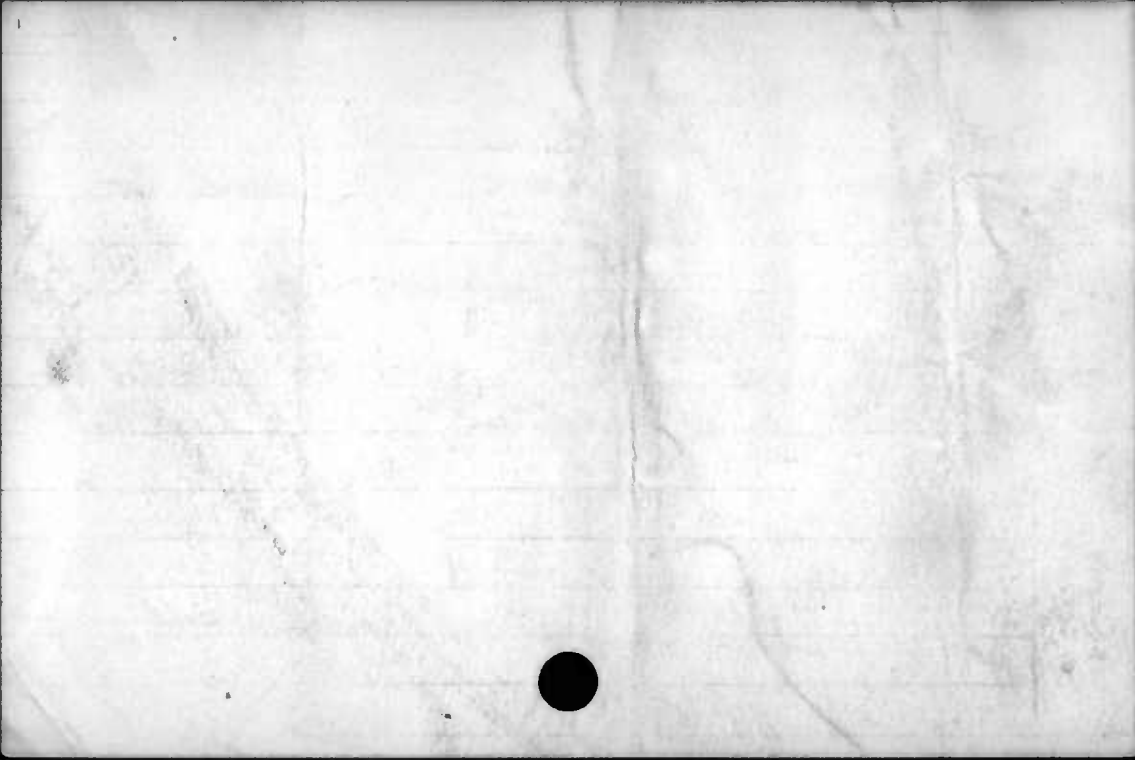
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>McDonna</i>		County <i>Balto</i>		MARYLAND	
Date of death	1905	Month <i>Nov</i>	Day <i>28</i>	Age	38	Years	Months —
Sex	<i>Female</i>		Color or Race	<i>Negro</i>		Birth- place	<i>Baltimore</i>
Occupation	<i>Laundress</i>			Where Residing if not at place of death			<i>McDonna</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>George Whittington</i>				
Father's Name	<i>George Brown</i>					Father's Birthplace	<i>Balto Co</i>
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving information	<i>James Barclay</i>					How related to deceased	<i>Brother in Law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

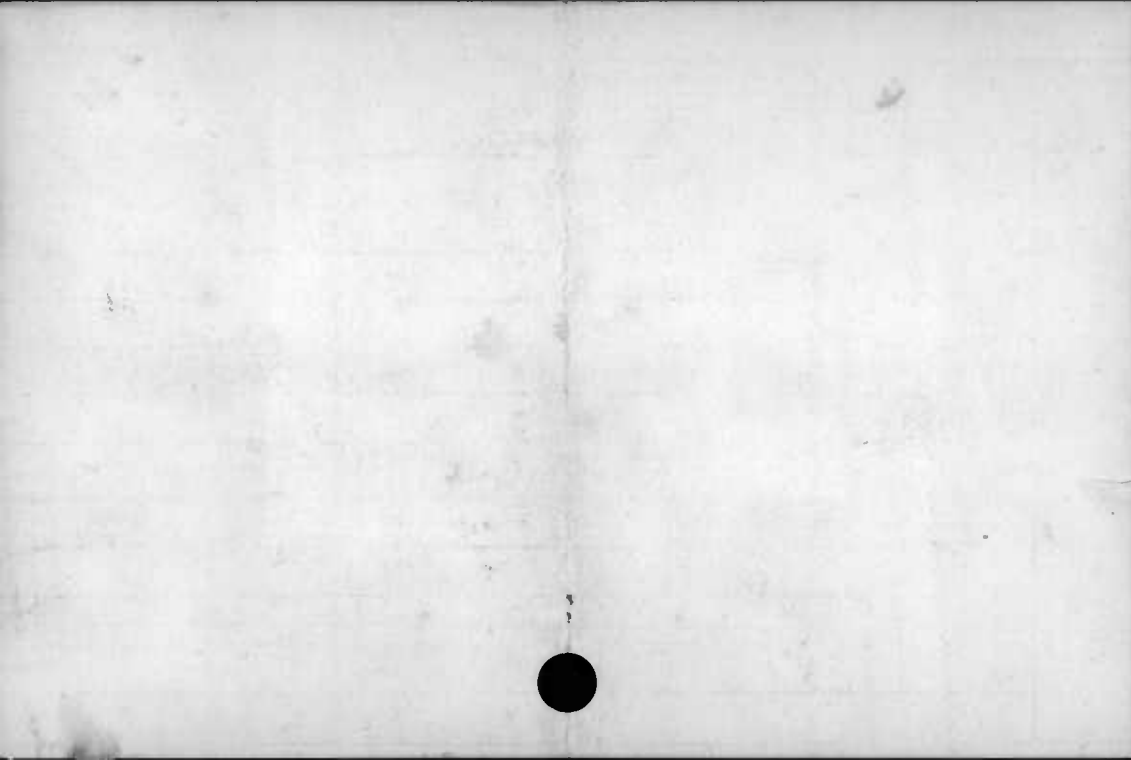
Primary	<i>Consumption</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. B. L. and</i>
		Address	<i>Baltimore</i>
Accident or Suicide?			



Name in Full		Daniel Kinder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fork		County Balto.		MARYLAND	
	Date of death	190	Month Nov	Day 30	Age 35	Months	Days
	Sex	male		Color or Race	Black		
	Occupation	labourer			Birth-place Balto. Co.		
	Where Residing if not at place of death						
	Married, Single or Widowed	Name of Wife or Husband Kettie Kinder					
	Father's Name	Henry Kinder			Father's Birthplace	Balto. Co.	
	Mother's Maiden Name	Frebbie Ains			Mother's Birthplace	Balto. Co.	
Name of person giving information	Johnua Kinder			How related to deceased	Brother		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	accident - fell from wagon				How long	Instantly
	Immediate	"				How long	"
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. F. G. Gorch	
					Address	Fork Md.	
Accident or Suicide? md -							



Name in Full		Martha E. Wisner				CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND										
		Died at		Buckhazenville		Ballo										
		Date of death		190	3-	Month	11	Day	19	Age	80	Years	2	Months	3-	Days
		Sex		Female		Color or Race		or white		Birth-place		Houcksville				
		Married, Single or Widowed		Single		Occupation		Housewife								
		Name of Wife or Husband		William Wisner												
		Father's Name		George Tailor						Father's Birthplace		Patapasco				
Mother's Maiden Name		Rebecca Alquire						Mother's Birthplace		Patapasco						
Name of person giving information		Chas W Martin						How related to deceased		By Marriage						
CAUSES OF DEATH																
PHYSICIAN OR CORONER		Primary		Heart Trouble + Dropsy						How long		11 months				
		Immediate		Heart Failure						How long		24 hrs				
		Are the name, age, sex, color, date and place correctly given above?		yes						Signature of Physician		D. M. Rush L. H. D.				
										Address		Buckhazenville Ind.				
Accident or Suicide?																



Name
in
Full

Milton W. Wolfe

CERTIFICATE OF DEATH

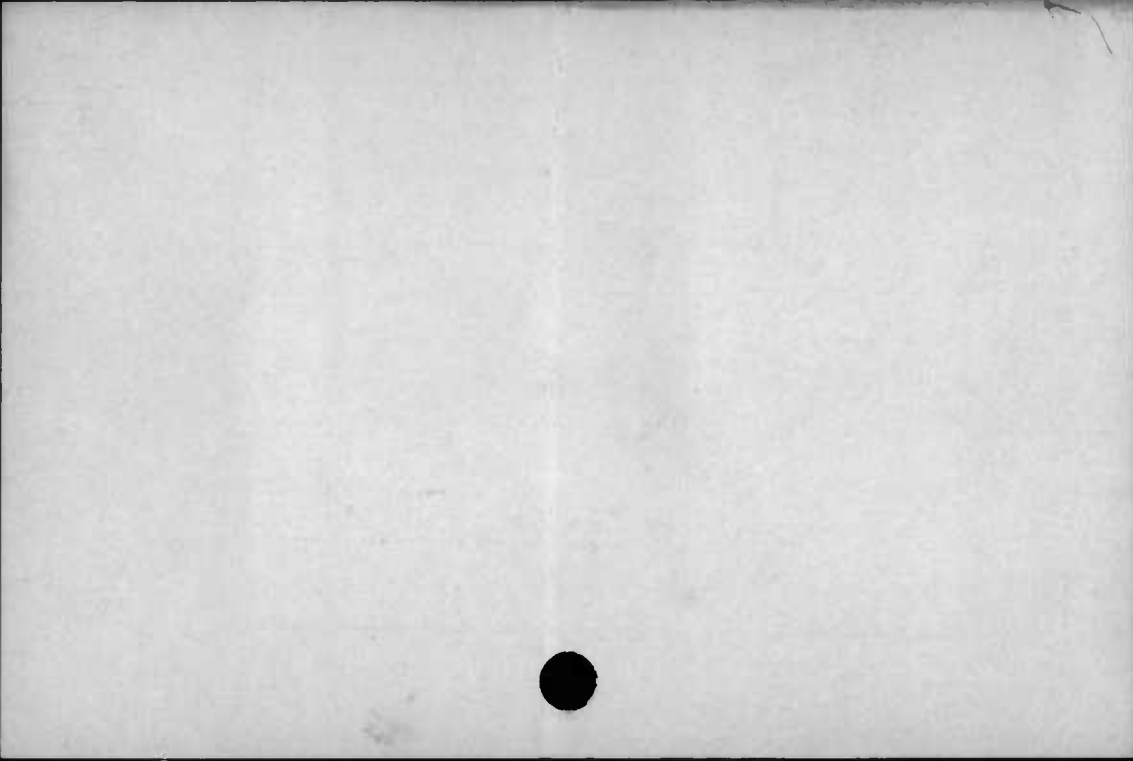
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Burgess		County Baltimore		MARYLAND		
Date of death		1908	Month Nov	Day 1	Age 1	Years 1	Months 3	Days 1
Sex male		Color or Race white		Birth-place md				
Occupation —				Where Residing if not at place of death —				
Married, Single or Widowed —				Name or Wife or Husband —				
Father's Name Geo F Wolfe				Father's Birthplace md				
Mother's Maiden Name Lizzie Porters				Mother's Birthplace md				
Name of person giving information Geo F Wolfe				How related to deceased father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	1 wks
Immediate	Aschemin	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician [Redacted]	
		Address Wholesome in S Middle Point md	
Accident or Suicide? no			



Name
in
Full

William Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Baltimore ^{County} MARYLAND

Date of death 1905 ^{Month} 11 ^{Day} 17 ^{Years} 33 ^{Months} 2 ^{Days} 20

Sex Male Color or Race White Birth-place Baltimore

Occupation Laborer Where Residing if not at place of death Canton

Married, Single or Widowed Single Name of Wife or Husband Canton

Father's Name Henry Wolf Father's Birthplace Germany

Mother's Maiden Name Wilhelmina Schenkarr Mother's Birthplace Germany

Name of person giving information Henry Wolf How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia 93 How long three weeks

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

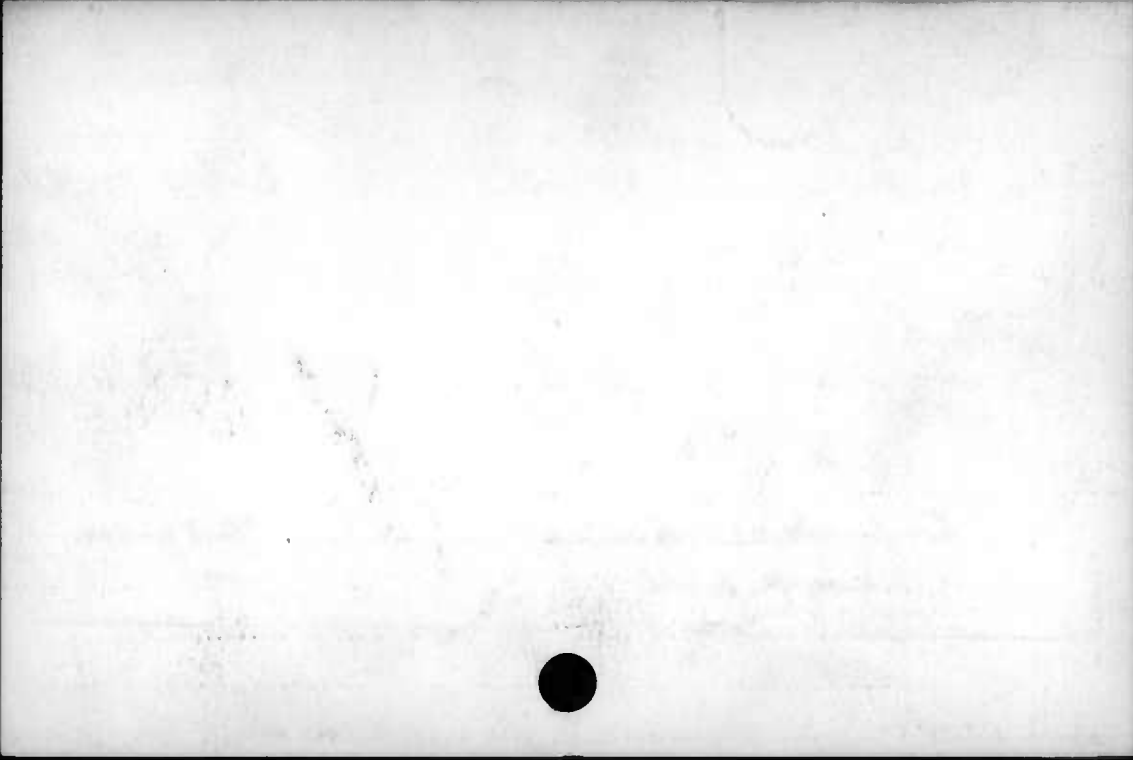
O. L. Long

2429 Fair Ave
Baltimore Md

Accident or Suicide?

Trinity Cemetery
H. Sander Moss

Name in Full		Certificate of Death			
Mrs. Henry Wright		Maryland			
Died at <i>Shane</i> Town <i>Balto</i> County					
Date of death 1905		Month <i>Nov</i>	Day <i>22</i>	Age <i>49</i>	Months <i>4</i> Days <i>17</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Stablersville</i>	
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Henry Wright</i>					
Father's Name <i>W. R. Budder</i>		Father's Birthplace <i>Monkton</i>			
Mother's Maiden Name <i>B. A. Stabler</i>		Mother's Birthplace <i>Stablersville</i>			
Name of person giving information <i>Anna Tinsland</i>		How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
Primary <i>Pulmonary tuberculosis</i>		How long <i>one year</i>			
Immediate <i>Heart failure from weakness</i>		How long			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ernest W. Free</i>			
		Address <i>Stewartstown Pa</i>			
Accident or Suicide?					



Name
in
Full

Solomon M. Goder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Long Green*County *Baltimore*

Date

of death *1905*

Month

Nov

Day

29th

Years

Age *30*

Months

7

Days

13

Sex

*Male*Color or
Race*White*Birth-
place*Balto. Co. Md*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Eliza W. Francis*Father's
Name*Louis Goder*Father's
Birthplace*Pa*Mother's
Maiden Name*Sarah R. Mast*Mother's
Birthplace*Balto Co. Md*Name of person giving
information*Elizabeth Goder*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

20 years

Immediate

Heart - clots

How long

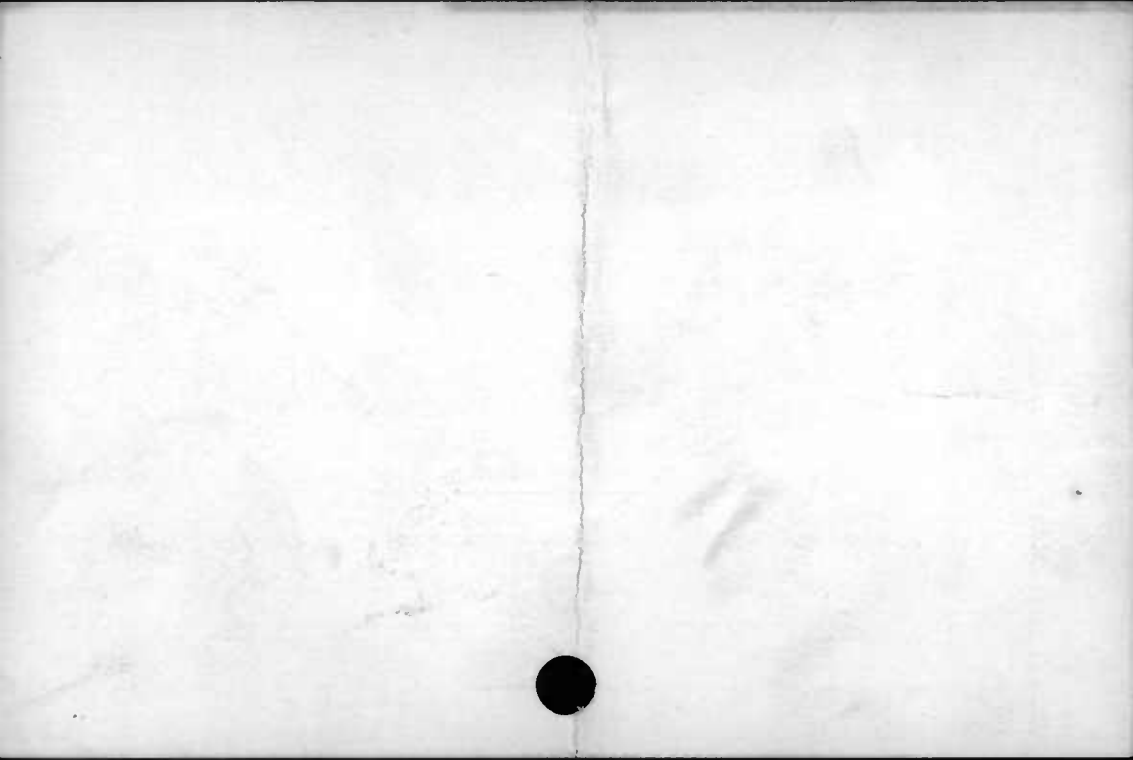
Are the name, age, sex, color, date
and place correctly given above?*—*Signature of
Physician

Address

*Dr. S. Scherck
Gittings,
Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

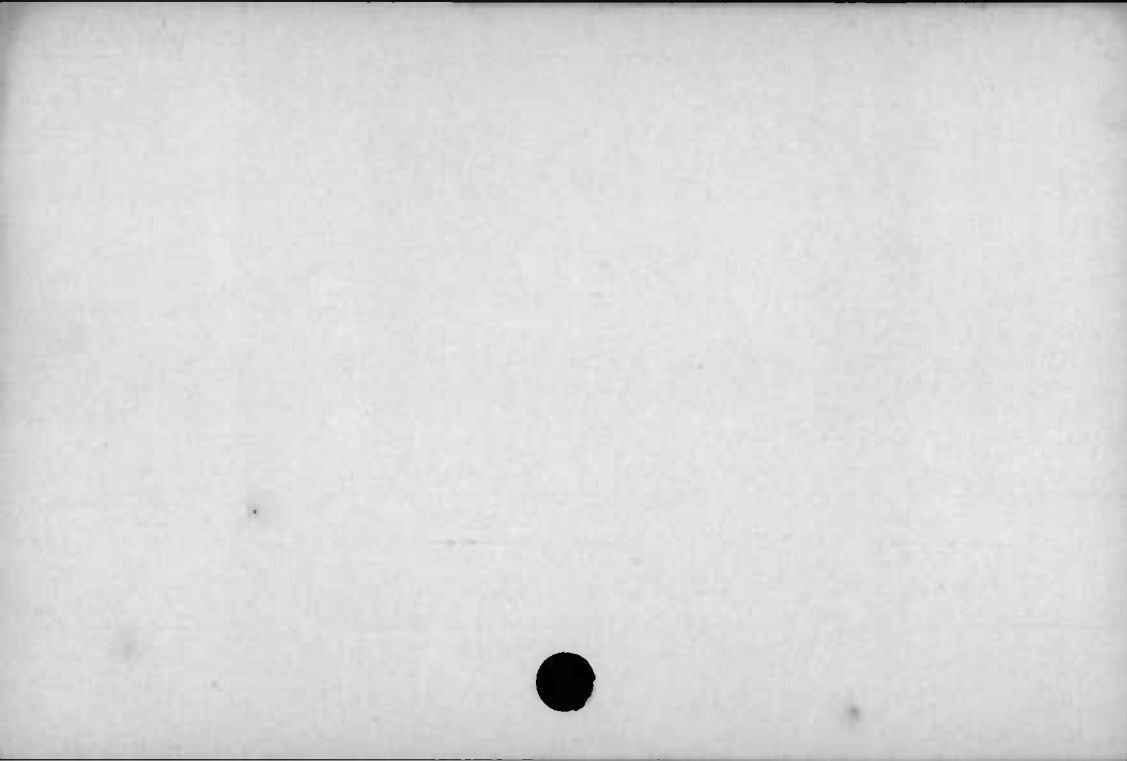
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beugus</i> ^{Town}		<i>Bath</i> ^{County}		MARYLAND			
Date of death <i>1905</i> ^{Year}		<i>Nov</i> ^{Month}		<i>24</i> ^{Day}	Age <i>58</i> ^{Years}	<i>9</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Me</i>			
Occupation <i>Cigar maker</i>		Where Residing if not at place of death <i>Beugus</i>					
Married, Single or Widowed <i>married</i>		Name or Wife or Husband					
Father's Name <i>John York</i>		Father's Birthplace <i>Me</i>					
Mother's Maiden Name <i>Mary Ann Hawkins</i>		Mother's Birthplace <i>Me</i>					
Name of person giving information <i>Geo York</i>		How related to deceased <i>Broth</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 x 4 hrs</i>
Immediate <i>Heart Failure</i>	How long <i>2 x 4 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Harrison M.D.</i>
	Address <i>Snodgrass Rd Me</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Canton

County

Baltimore

MARYLAND

Date

of death 190

5 Nov.

Day

2

Age

Years

Months

Days

1 13

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Married, Single
or Widowed

Single

Occupation

—

Name of Wife or
Husband

—

Father's
Name

John Ginkand

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Ella Witt

Mother's
Birthplace

Md.

Name of person giving
In formation

John Ginkand

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

asthenia

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

1/40

Signature of
Physician

David W. Jones

Address

3116 Oldsmuir St.

Accident or Suicide?

Wm. Jones.

127